

FILED APR 15 1942

Registration District No. 50

Primary Registration District No. 3004

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Bates  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bates Home Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution but less than 1 week  
In this community less than 19 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Bates  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 mile North Amsterdam  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 27  
1942 to Mar 27 1942

that I last saw him alive on Mar 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Duration

Due to Impoverishment, new loan

Due to

Other conditions 161a  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none  
Of operations

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. E. Plummer (M. D. or other)  
Address Adrian Mo. Date signed Mar 27, 42

3. (a) PRINT FULL NAME

Bruce Garvin Price

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar 19 (Month)

1942 (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace

Amsterdam (City, town, or county)

Mo. (State or foreign country)

10. Usual occupation

none

11. Industry or business

none

12. Name

James Robert Price

13. Birthplace

Selghman (City, town, or county)

Mo. (State or foreign country)

14. Maiden name

Mary E. C. Cuffe

15. Birthplace

Paris (City, town, or county)

Mo. (State or foreign country)

16. (a) Informant

James Robert Price

(b) Address

Amsterdam Mo

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

3-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation

West point

18. (a) Signature of funeral director

Archer & Mangold

(b) Address

Amsterdam Mo

19. (a)

March 30, 42 (Date received local registrar)

(b)

Anna L. Culver (Registrar's signature) 5-2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

007

RECEIVED

District Health Officer No. 7,

District File Number 4-42-388

Date Filed 4-13-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me, or by~~.....

**not embalmed**

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. R. Mangold.

Licensed Embalmer No. 3610

P. O. Address Amsterdam Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.