. S. No. 2
M—8-43
v. 5-17-39
I X37823

9697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED MAR 30 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 191

9
2
6

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1715 Atlantic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1715 Atlantic
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles Allen Price

3. (b) If veteran, name war World War I

3. (c) Social Security No. 500-09-7913

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel B. Price

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec. (Month) 19 (Day) 1887 (Year)

8. AGE: Years 57 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Polk Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Various

FATHER
12. Name Elza S. Price
13. Birthplace Cedar Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah A. DeShazo
15. Birthplace St Clair Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ethel B. Price

(b) Address 1715 W Atlantic Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 11, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director E H Trimm

(b) Address Humansville, Mo.

19. (a) 3-8-45 (Date received local registrar) (b) Dr W E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-7- day 7
year 1945 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3-
3-2, 1945 to 3-7-, 1945
that I last saw him alive on 3-7-, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensating Heart Lesion	14
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

95 C

PHYSICIAN
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? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature C. E. Feller (M. D. ~~or other~~)

Address Springfield, Mo. Date signed 3/8/45

984 (Licensed Embalmer's Statement on Reverse Side)

APR 5 1945

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

Signed E. H. Simm

Licensed Embalmer No. 4282

P. O. Address Humanesville, 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, fact should be so stated above.