. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 99

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6375

State File No. 4431

Registrar's No. 88

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Santa Rosa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County DeKalb 3
(c) City or town Santa Rosa
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lydia Jane Price
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J R Price | 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Oct (Month) 16 (Day) 1863 (Year)

8. AGE: Years 83 | Months 2 | Days 29 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Housewife

MOTHER FATHER
12. Name Robert Lockhart
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Robertson
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant B. C. Price
(b) Address Santa Rosa MO

17. (a) Burial (Burial, cremation, or removal); (b) Date thereof Jan 17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director .....
(b) Address Patonsburg MO

19. (a) 1-22 47 (Date received local registrar) (b) Roscoe Dunham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1947 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug - 1946 June 15, 1947, to June 15, 1947 that I last saw her alive on June 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
General Arteriosclerosis	
Due to	
Due to Mitral Regurgitation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 .....

23. Signature John P Parker (M. D. or other)
Address Hamburg MO Date signed 1/16/47

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.