

Registration District No. **209** Primary Registration District No. **2042**

**1. PLACE OF DEATH:**

(a) County **Marion**  
(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**211 East Rock St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Price**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hattie** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **86** Months Days If less than one day hr. min.

9. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Unknown** **9**

13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **9**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Douglas**

(b) Address **Hannibal, Mo.**

17. (a) **Burial** (b) Date thereof **4-13-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Robinson Cemetery**

18. (a) Signature of funeral director **Joe Williams**

(b) Address **Hannibal Missouri**

19. (a) **4-15-47** (b) **Dr. E. M. Lucke**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Marion** **64**  
(c) City or town **Hannibal** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Robinson Ave.** **4**  
(If rural, give location) **0**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **9**  
year **1947** hour..... minute **9:30A.M**

21. I hereby certify that I attended the deceased from **4-9**, 19 **47** to **4-9**, 19 **47**  
that I last saw him alive on **4-9**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration.....  
**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?

While at work?..... (Specify type of place) (c) Means of injury..... **0**

23. Signature **Dr. W. Fox** (M. D. or other)  
Address **Hannibal, Mo** Date signed **4-15-47**

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

MOTHER FATHER

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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.....

....., Registered Apprentice No. 497  
working under my personal supervision.

Signed..... A. M. O'Connell

Licensed Embalmer No. 3887

P. O. Address..... Manila, 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.**