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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1947
Registration District No. 230

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14307
Registrar's No. 7

Primary Registration District No. 4344

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

1. PLACE OF DEATH:
(a) County Montgomery Co.
(b) City or town McKittrick, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 92 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Montgomery
(c) City or town McKittrick, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

4. Sex Female 5. Color or race B
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anderson Price. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown Unknown 1855
(Month) (Day) (Year)

8. AGE: Years 92 Months X Days X If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ben Green,
13. Birthplace Unknown Unknown.
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Callaway,
15. Birthplace Unknown Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Mitchell
(b) Address McKittrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24th
(Month) (Day) (Year)
(c) Place: burial or cremation McKittrick, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Americus, Mo.

19. (a) April-23-47 (Date received local registrar) (b) Mrs. Nana Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1947 hour I minute 55 A M.
21. I hereby certify that I attended the deceased from April 20
1947, to April 22 1947.
That I last saw her alive on April 20 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to Arteriosclerotic ht. disease

Due to Gen. arteriosclerosis + general senility & debility.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
None
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? _____

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

23. Signature Carvel T. Shaw, M.D. (M.D. or other)
Address Hermann, Mo. Date signed 4-22-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-29-47

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.....

D. B. Baker,....., Registered Apprentice No.....

working under my personal supervision.

Signed..... D B Baker.....

Licensed Embalmer No. 3375.....

P. O. Address Americus, 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.