

No. 2  
-12-45  
-17-39  
X47070

27229

State File No.

FILED SEP 27 1947

Registration District No.

Primary Registration District No. 44705378

Registrar's No. 33

1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town Union Star Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution car. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community liber. years, months or days)

3. (a) PRINT FULL NAME FRANKLIN HENRY PRICE

3. (b) If veteran, name was World War 2  
3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Jan 30 1917  
(Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 06 If less than one day  
hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name Frank Price  
13. Birthplace Union Star  
(City, town, or county) (State or foreign country)  
14. Maiden name Vesta Popplewell  
15. Birthplace Unity  
(City, town, or county) (State or foreign country)

16. (a) Informant H.O. Price  
(b) Address Unity Mo  
17. (a) Burial (b) Date thereof 8-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star  
18. (a) Signature of funeral director John G. Brown  
(b) Address Rock Hill Mo  
19. (a) 8-25-47 (b) Rock Hill Mo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Darke  
(c) City or town Rural Palatka  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1947 hour One minute 15 AM.

21. I hereby certify that I attended the deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death accidental Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 170 ggs  
Of operations \_\_\_\_\_

Of autopsy 9.17.47. collision with truck

22. If death was due to external causes, fill in the following: motor vehicle  
(a) Accident, suicide, or homicide (specify) accidental  
(b) Date of occurrence Aug 24-1947  
(c) Where did injury occur? out on hwy mo. 32  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public highway

While at work? Travel (e) Means of injury Car wreck  
23. Signature M. S. Ghee (M. D. or other)  
Address Osborn Mo Date signed 8/28/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2  
22

32  
3

Coroner Datta Chandra

SEP 18 1947

*B*

HEALTH OFFICE  
Cameron, Mo.

SEP 10 1947

**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 *John G. Brown*  
Licensed Embalmer No. *3933*  
P. O. Address *Maysville*

**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.**