

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Pickens
State File No. 27400
Med. Cert. No. 1697
Registrar's No.

Registration District No. 128

Primary Registration District No. 2000

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

39
2
6

1. PLACE OF DEATH: **Greene:**

(a) County **Springfield**

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

(c) Name of hospital or institution: **525 E. Loren** ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **65 Years.** (Specify whether years, months or days)

In this community **65 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** 39

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

(d) Street No. **525 E. Loren** 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **Fannie L. Price**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** ✓ 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Price**

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

7. Birth date of deceased **May 6 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	2	26	hr. min.

9. Birthplace **Pulaski County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER { 12. Name **Edward Basham**

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

14. Maiden name **Mahaley Jones**

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

16. (a) Informant **Mrs. Eigene Shull**

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

17. (a) **Burial** (b) Date thereof **8-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H.H. Lohmeyer**

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

19. (a) **8-7-47** (b) **W. Handley med.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **2**
year **1947** hour **7** minute **35p.** M.

21. I hereby certify that I attended the deceased from **11-15** to **8-2**, 19**47**
that I last saw **24** alive on **8-2**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction 6 Mo.**

Due to **Arterio Sclerosis** year

Due to **Broncho Pneumonia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **gmv**

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 **E. Pickens** or other

Date signed **8-6**

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.....

James B. Laughlin Registered Apprentice No. *466*
working under my personal supervision.

Signed *Roy J. Mercer Jr.*.....

Licensed Embalmer No. *4432*.....

P. O. Address. *Springfield, 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.