

No. 2
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-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27883
Registrar's No. 3647

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson Co.
(b) City or town Kansas City
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Richfield mo.
(d) Street No. _____
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME JOHN THOMAS PRICE

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

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Wid 2
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb - 4 1866

8. AGE: Years 81 Months 6 Days 21

9. Birthplace Feb 1 -

10. Usual occupation Retired

11. Industry or business Farmer

12. Name David Price

13. Birthplace Wales 4

14. Maiden name Elizabeth Worthington

15. Birthplace England 4

16. (a) Informant John W. Price

(b) Address Minneapolis, Minn

(c) Place: burial or cremation St. Louis, Mo

18. (a) Signature of funeral director Thos C. Foster

(b) Address 918 Brooklyn

19. (a) 8-25-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from August 22, 1947 to August 25, 1947

that I last saw him alive on August 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions Coronaries of
Myocard - with Metastases

Major findings: _____

Of operations _____

Of autopsy as above

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? _____

(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 1

23. Signature J. H. Baylson (M. D. or D.V.M.)

Address 315 Alameda Rd., K.C., MO Date signed 8/25/47

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.....

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

Signed *Robert A. Herrmann*

Licensed Embalmer No. *3700*

P. O. Address *Kansas City 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.