U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 31 1947

Registration District No. 73

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33985

Primary Registration District No. 3014

Registrar's No. 73

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 332 Groom St., Liberty (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) In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay 24
(c) City or town: Liberty 2 (If outside city or town limits, write "RURAL")
(d) Street No. 332 Groom St. 1 (If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: BIRDIE L. PRICE
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Fred J. Price
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July (Month) 1 (Day) 1898 (Year)

8. AGE: Years 49 | Months 3 | Days 22 | If less than one day ____ hr. ____ min.
9. Birthplace: Caddo (City, town, or county) Okla. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: ____
12. FATHER Name: Marsh Cornwell
13. FATHER Birthplace: Shellsville (City, town, or county) Penn. (State or foreign country)
14. MOTHER Maiden name: Fanny [redacted] Pierce
15. MOTHER Birthplace: Shellsville (City, town, or county) Penn. (State or foreign country)
16. (a) Informant: Fred J. Price
(b) Address: Liberty Mo
17. (a) Oct 25/47 (Burial, cremation, or removal) (b) Date thereof: Oct 25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Mo.
18. (a) Signature of funeral director: Church-Archer Co
(b) Address: Liberty Mo.
19. (a) Oct 23, 1947 (Date received by local registrar) (b) Mamie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1947 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1947 to Oct 23, 1947 that I last saw h[illegible] alive on Oct 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Breast	18 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
Of autopsy: 0	

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? (Specify type of place)
While at work? (e) Means of injury: ()
23. Signature: Glenn W. Hendren M.D.
Address: Liberty, Mo. Date signed: 10/23/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number 6-30-47

Date Filed

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 Harold G. Smith, Registered Apprentice No. 33, working under my personal supervision.

Signed John Lonborg

Licensed Embalmer No. 4448

P. O. Address Liberty 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.