

FILED NOV 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37921

Registration District No. 139

Primary Registration District No. 4225

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME

Louetta Margaret Price

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred T Price
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 18 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 26
If less than one day hr. min.

9. Birthplace Oregon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Willeim Klinepeter
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Isadora Young
15. Birthplace Penna
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred T Price
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Nov 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director J. H. Pettigrew
(b) Address Oregon Mo.

19. (a) Nov 9 1947 (b) J. H. Pettigrew
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from NOT 4 1947 to NOT 4 1947
that I last saw her alive on NOT 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 hour

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: QTP
Of operations
Of autopsy None

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? None
(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 0

23. Signature E. F. Tewmeyer (M. D. or other)
Address P.O. Box 200 Date signed 11-6-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

James H. Pettigoh

Licensed Embalmer No. *3192*

P. O. Address. *Oregon 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.