

S. No. 2
M-543
7-5-17-39
I X26671

FILED DEC 12 1947
Registration District No. **379**

Primary Registration District No. **4514**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Sullivan**
(b) City or town **Rural - Green City**
(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 _____ (Specify whether)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Sullivan**
(c) City or town **Rural - Green City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural - Green City** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ulysses Price**

3. (b) If veteran, name war **V** 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Susan Price**
6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **2 6 1866**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **Sullivan Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Price**

13. Birthplace **St Charles Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances England**

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

16. (a) Informant **Erwin Price**

(b) Address **Green City Mo**

17. (a) **Funeral** (b) Date thereof **12-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Lion Cem**

18. (a) Signature of funeral director **Glenn E. Kent**
(b) Address **Green City Mo**

19. (a) **12-5-1947** (b) **Paula Shaw**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **1**
year **1947** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **6-11-47**
_____ 19 _____ to **10-11-47** 19 _____
that I last saw him alive on **10-11-47** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral regurgitation**

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**

(b) Date of occurrence **none**

(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? **none**

While at work? **none** (Specify type of place) (e) Means of injury **none**

23. Signature **George W. Lamb** (M. D. or other)
Address **Green City Mo** Date signed **12-1-47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 12-47-122
Date Filed DEC 1 0 1941

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.