

S. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12008**  
Registrar's No. **26**

FILED MAY 10 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. **5373**

1. PLACE OF DEATH:  
(a) County **DeKalb**  
(b) City or town **Maysville (Rural)**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution **64 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **TOM PRICE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Iva Price** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **November 18 1883**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **9**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Maysville Mo (Rural)**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **George Price**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Aurelita Strong**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Iva Price**  
(b) Address **Maysville Mo.**

17. (a) **Burial** (b) Date thereof **4-29-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn-Maysville  
Pilcher Funeral Home**

18. (a) Signature of funeral director **Maysville Missouri**  
(b) Address **4-28-1948**

19. (a) **4-28-1948** (b) **R. Davidson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **DeKalb** **32**  
(c) City or town **Maysville (Rural)** **3**  
(If outside city or town limits, write "RURAL.") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27**  
year **1948** hour **5** minute **45** A. M.

21. I hereby certify that I attended the deceased from **June 1947** to **April 27 1948**  
that I last saw him alive on **April 27 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary occlusion 20 minutes**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **940**  
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) Manner of injury **2**

23. Signature **W. Gerald Fowler** (M. D. or other) **D.C.**  
Address **Maysville Mo 4-28-1948**  
Date signed

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.....

.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed  .....  
Scott T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.