

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

FILED NOV 9 1948
Registration District No. _____

Primary Registration District No. **3024**

Registrar's No. **65**

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **Fayette**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lee Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

ARCHIE Lelia Price

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female**

5. Color **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Roy Price**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **May 27 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	24	_____ hr. _____ min.

9. Birthplace

Glasgow Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name **William Pryor**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Florence Massie**

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

16. (a) Informant

Roy S. Price

(b) Address

Glasgow Mo.

17. (a) Burial

(Date thereof) **Oct 23 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation

Glasgow Mo.

18. (a) Signature of funeral director

W. S. J. J. J.

(b) Address

Glasgow Mo.

19. (a) Date received local registrar

10-23-1948

(b) **Dorothy J. J.**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21**
year **1948** hour **50** minute **PM**

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

Immediate cause of death

Carcinoma of ovary with metastasis

Duration

1 year

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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 _____

18. (a) Signature of physician **W. S. J. J.** (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **W. S. J. J.** (M. D. or other) **(M.D.)**

Address **Fayette Mo** Date signed **10-22-48**

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-8-48

NOV 12 1948

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 [Signature]
Licensed Embalmer No. 3978
P. O. Address Glasgow, N.J.

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.