

FILED MAY 6 1948

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond "Rural" Richmond
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles Northwest 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME JOHN WILLIAM PRICE

3. (b) If veteran, name war W3

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Laura Gant Price

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

7. Birth date of deceased January 21, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>2</u>	<u>25</u>	hr. min.

9. Birthplace Unknown, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Price 9

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Caven

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Price

(b) Address Los Angeles, Calif.

17. (a) Burial (b) Date thereof April 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayville, Missouri

18. (a) Signature of funeral director E. J. ...

(b) Address Richmond, Missouri

19. (a) Apr 16 1948 (b) malachukkas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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) Means of injury Coroner

23. Signature John F. Baker (M. Doctor)
Address Richmond Mo Date signed 4-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

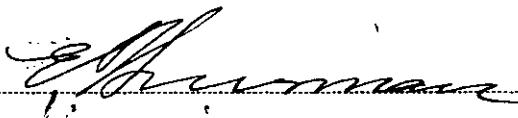
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, ~~XXXX~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2073.....

P. O. Address: Richmond, Missouri.....

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.