

**FILED JUL 13 1944**

Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **43**

**1. PLACE OF DEATH:**

(a) County Ray

(b) City or town Rayville **# Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McKays  
(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

(c) City or town Rayville **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles North West  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Laura Belle Price

3. (b) If veteran, name war No

3. (c) Social Security No. No

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 19  
year 1944 hour 4 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John W. Price

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 11 1869  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** May 19 1944 to June 19 1944  
that I last saw her alive on June 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

Due to arterio Sclerosis

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

9. Birthplace Rayville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

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

**MOTHER FATHER**

12. Name William Gant

13. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Queener

15. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant John Price

(b) Address Kansas City, Mo.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof June 21, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cemetery

18. (a) Signature of funeral director Shuman

(b) Address Richmond, MO.

19. (a) June 21 44 (b) Mrs. Charles Shuman  
(Date received local registrar) (Registrar's signature)

(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 \_\_\_\_\_

Signature: [Signature] (M. D. or other) MD

Address: Richmond, Mo. Date signed 6-20-44

1280

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

900

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-13-44

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, ###

; Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.