

APR 23 1940

Registration District No. 677

Primary Registration District No. 4403 5901

Registrar's No. 47

1. PLACE OF DEATH:

(a) County: Phelps
(b) City or town: Ralla (Rural)
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location) 2-0
(d) Length of stay: In hospital or institution (Specify whether)
In this community (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Phelps
(c) City or town: Ralla (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years

8. (a) PRINT FULL NAME

Clara Pryor 660

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Chas. Pryor

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

7. Birth date of deceased: June 9, 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days hr. min.

9. Birthplace: St James Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: at Home

11. Industry or business

MOTHER FATHER { 12. Name: Teed Colter (D)
13. Birthplace: Maries Co Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Martha Skyles (D)
15. Birthplace: Phelps Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Chas. Pryor
(b) Address: Ralla Mo.

17. (a) (b) Date thereof: April 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Ralla Cemetery

18. (a) Signature of funeral director: Mrs Harry M. Cam
(b) Address: Ralla Mo.

19. (a) (b) Date received local registrar: April 10, 1940
(c) Registrar's signature: Jos. F. Myers

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr 9 day year: 1940 hour: 2:00 minute: 7: M.

21. I hereby certify that I attended the deceased from Apr 5, 1940 to Apr 09, 1940 that I last saw her alive on Apr 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Duration: 14 mo

Due to

Due to 27

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

Major findings: Of operations

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) Means of injury

23. Signature: E. E. Fain M.D. (M. D. or other) Address: 2015 1/2 Ralla Mo. Date signed: 4-15-40

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

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

R. J. MacCaw

Licensed Embalmer No.

3953

P. O. Address

Rolla

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, above space should be left blank.