

No. 2
-10-39
17-39
X21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13720

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1432

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2636 Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2636 Brighton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Mr. George Henry Priddy 630

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sarah E. Priddy 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 19 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 10 hr. _____ min.

9. Birthplace Winfield West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Track Foreman

11. Industry or business Missouri Pacific R.R.

12. Name John L. Priddy

13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Julia Duncan

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Priddy

(b) Address 2636 Brighton

17. (a) Removal (b) Date thereof April 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 11111/1 Orlando, Florida

18. (a) Signature of funeral director D. N. Newcomer, done
(b) Address 1401 Brush Creek Blvd.

19. (a) April 1, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/11, 1940, to 3/29, 1940
that I last saw him alive on 3/28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis
general debility
Due to _____
Due to 93c

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)
Means of injury 3

23. Signature A. J. Sudd (M. D. or other) DO

Address 2722 Prospect Date signed 3/29/40

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

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 _____

C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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, above space should be left blank.