

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14813

State File No.

Registration District No. 292

Primary Registration District No. 4176

Registrar's No. 8

I. PLACE OF DEATH:

(a) County Franklin
(b) City or town Newbaven
(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 2
(Specify whether

In this community 60 years
years, months or days)

8. (a) PRINT FULL NAME WILLIAM PRYOR 660

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Beatrice PRYOR 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 6 1848
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Pryor 9

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

14. Maiden name Dont know

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

16. (a) Informant Miss Beattie Pryor

(b) Address Newbaven Tenn

17. (a) _____ (b) Date thereof 4 16 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newbaven Tenn

18. (a) Signature of funeral director W. H. Heston, Son 265

(b) Address Newbaven Tenn

19. (a) Apr 16 - 40 (b) Jeffrey J. J. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Newbaven
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 5 minute 30 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 Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Heart

(b) Date of occurrence _____

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Manner of injury none

23. Signature W. H. Heston (M. Coroner)
Address Newbaven Tenn Date signed 4/13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV 8 1954

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 Earl Festig

Licensed Embalmer No. 3385

P. O. Address New Britain 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.