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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18414

JUN 13 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 434

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital
(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 Mo (b) County Wright

(c) City or town Mtn. Grove
(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.

3. (a) PRINT FULL NAME Roy O Pryer 660

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Apr. (Month) 27 (Day) 1876 (Year)

8. AGE: Years 164 Months 0 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name William C Pryer
13. Birthplace _____ (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Louiza Logback
15. Birthplace _____ (City, town, or county) Sweeden (State or foreign country)

16. (a) Informant Hazel Pryer (Dau)

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 12 (Day) 1940 (Year)

(c) Place: burial or cremation Stubbs - Mt. Grove, Mo

18. (a) Signature of funeral director George Stapp

(b) Address Mtn. Grove Mo

19. (a) May 12, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1940 hour 12 minute 0 3 A M.

21. I hereby certify that I attended the deceased from May 5, 1940, to May 11, 1940, that I last saw him alive on May 11, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	5/3
Due to Mesenteric Vascular thrombosis	5/3
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	

Major findings: Of operations Gangrene and thrombosis 48 inches small intestine

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Robert Glynn (M. D. or other) MD

Address Springfield Date signed 5/7/40

(Licensed Embalmer's Statement on Reverse Side)

X

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.....

Licensed Embalmer No. 3161

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.