

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2500**

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 **617 E. 28th.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 Yrs.** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Laura J. Pryor** **660**

3. (b) If veteran, name war **No.** 8. (c) Social Security No. **no.**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Dr. C. Pryor** 6. (c) Age of husband or wife if alive **14** years

7. Birth date of deceased **April 14 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **2** If less than one day **br. min.**

9. Birthplace **Mt. Sterling Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Nurse**

MOTHER FATHER

12. Name **John Marvin**

13. Birthplace **Unknown Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **Miriam Skelly**

15. Birthplace **New Castle Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula F. Furrish**
(b) Address **Bureau 617 E. 28th**

17. (a) **Burial** (b) Date thereof **June 19th.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C. Mo**

19. (a) **June 18, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **617 E. 28th.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **16 th** day **June**
year **1940** hour **9** minute **45 p. M.**

21. I hereby certify that I attended the deceased from **11/18/39**
11/18, 19 **39**, **6/16**, 19 **40**

that I last saw her alive on **6/12/**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic heart disease with mitral stenosis.**

Due to _____

Due to _____

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 _____

40 Where did injury occur? _____
(City or town) (County) (State)

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

While at work? (Specify type of place) _____
(a) Means of injury _____

23. Signature **George C. Lee** (M. D. or other) **M. D.**

Address **1630 Professional Bldg.** Date signed **6/17/40**

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 _____

Chas Wells

Licensed Embalmer No. _____

2644

P. O. Address _____

1900 Pinewood

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.