

JAN 25 1941
Registration District No. **266**

Primary Registration District No. **4164**

Registrar's No. **90**

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community all her life
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1940 hour 3 minute 10 P. M.
21. I hereby certify that I attended the deceased from 12/22/40
12/25/40, 1940,
that I last saw her alive on 12/25/40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia
Duration 1 week
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Marlene Faye Pryor
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Oct 14 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>XX</u>	<u>2</u>	<u>11</u>	hr. _____ min.

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation XXX

11. Industry or business XX

MOTHER FATHER { 12. Name Harley Pryor
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Pryor MA JORS
15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Pryor
(b) Address Salem Mo

17. (a) burial (b) Date thereof 12/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bass Mo

18. (a) Signature of funeral director Carl H. Johnson
(b) Address Salem Mo

19. (a) December 26 1940 (b) A. S. Smith M.D.
(Date received local registrar) (Registrar's signature)

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?
240
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature M. Grossman (M. D. or other) M.D.
Address Salem, Mo Date signed 12/26/40

RECEIVED

District Health Officer No. 5,

District File Number: 17167

Date Filed _____

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

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.