

JAN 21 1941

Registration District No. 593

Primary Registration District No. 4351

Registrar's No. \_\_\_\_\_

70  
 0  
 0

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

1. PLACE OF DEATH:

(a) County Montgomery  
 (b) City or town New Florence Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether  
 In this community 30 yrs  
 years, months or days)

8. (a) PRINT FULL NAME W. INDIA PRIOR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Henry Prior 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb - 14 - 1843  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
97 10 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry KETCHERSIDES  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucinda Ketchersides  
 15. Birthplace Cass, Warren Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant George Prior  
 (b) Address New Florence, Mo

17. (a) Burial (b) Date thereof Jan - 6 - 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Florence, Mo

18. (a) Signature of funeral director W. Ashburn  
 (b) Address Montgomery City Mo

19. (a) 1/9/41 (b) James O. Helm  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
 (c) City or town New Florence Mo.  
 (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 Jan day 3  
 year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 20  
 \_\_\_\_\_ 1940 to Jan 3 1941;  
 that I last saw her alive on Jan 2 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia Duration 3 days  
 Due to Chronic interstitial nephritis ?  
Chronic myocarditis ?  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 12/1/40

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
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While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature James O. Helm (M. D. or other) 0  
 Address New Florence Mo. Date signed 1/9/41

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**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.....

P. O. Address.....

**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.**