

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10678**

APR 10 1941

Registration District No. _____

Primary Registration District No. **2001**

Registrar's No. **209**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**

(c) Name of hospital or institution: **1513 N. Walnut**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **2 HR.** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **JAMES ALLAN PRYOR**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none**

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

7. Birth date of deceased **March 12 1941**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|----------|-------------------------|
| 0 | 0 | 0 | 2 hr. _____ min. |

9. Birthplace **Springfield Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **Infant**

MOTHER FATHER

12. Name **John A. Pryor**

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

14. Maiden name **Stella Hubbell**

15. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John A. Pryor**

(b) Address **Springfield, Mo**

17. (a) **Burial** (b) Date thereof **Mar 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **W. E. Handley Co.**

(b) Address **Springfield, Mo**

19. (a) **3-12-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene 39**

(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **1513 N. Walnut st 6**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **12**
year **1941** hour _____ minute **30 A** M.

21. I hereby certify that I attended the deceased from **3/10/41**
19____ to **3/12/41**, 19____
that I last saw him alive on **3/12/41**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **hemorrhage both**
(4 1/2 to 5 mo)

Due to **uncertain** 154

Due to **uncertain** 154

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

Duration

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) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? **no** (Specify type of place)
(e) Means of injury **no**

23. Signature **A. F. Freeman** (M. D. or other)
Address **Springfield** Date signed **3/12/41**

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

9
2
6

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

William Max Hodges

Licensed Embalmer No.....

4076

P. O. Address.....

Springfield

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, fact should be so stated above.