

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:
4971 Ward Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 36 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4971 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. VIRGINIA PRIOR

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James B. Prior
6. (c) Age of husband or wife if alive years 13 1855
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Audrian County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name John J. Brice
13. Birthplace Pike County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Cornett
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. H. McVey
(b) Address 4971 Ward Parkway

17. (a) Burial (b) Date thereof 1-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall, Mo.

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Missouri

19. (a) 1-8-42 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 1941
1941 to Jan. 6 1942
that I last saw her alive on Jan 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cardiac Failure 3 days

Due to Senility

Due to 935

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.....
(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?

While at work (Specify type of place) (e) If any injury

23. Signature Dr. J. H. Shelton M.D. or other MD
Address 2625 Paseo Date signed 1-6-42

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

From Shelton M.D.
2625 Paces

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 A. R. Haenschell
Licensed Embalmer No. 4159
P. O. Address Kansas City 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, fact should be so stated above.