

FILED OCT 13 1943 318

Registration District **843**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethesda General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 hrs.  
(Specify whether years, months or days) 0  
In this community 21 hrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County IRON  
(c) City or town Viburnum  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Pryor, Roland Delane

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

4. Sex Male 0 5. Color or race W. 0 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 12 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Winford Pryor

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

14. Maiden name Edith Baker

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

16. (a) Informant Alva Pryor  
(b) Address 4160 McPherson Avenue

17. (a) Removal (b) Date thereof 10-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 4 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1943 hour 4:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Oct 2 1943;  
that I last saw him alive on Oct 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute  
due Entertis

Due to from  
rich infection

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 119  
Of autopsy \_\_\_\_\_

Duration 70 days

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) Means of injury \_\_\_\_\_

23. Signature John F. Liberty (M. D. or other) \_\_\_\_\_  
Address 536 N. Taylor Date signed \_\_\_\_\_

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

5000  
17  
9

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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.....

*E. W. Wilkinson*

Licensed Embalmer No.....

*25-75*

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, fact should be so stated above.**