

FILED NOV 19 1943

Registration District No. **149**

Primary Registration District No. **1002**

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: St. Luke's Hospital
(If not in hospital or institution, write street name and location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 108
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Warren Pryor

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Helen Pryor 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: 9 - 14 - 1886
(Month) (Day) (Year)

8. AGE: 57 Years 1 Months 15 Days If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name Samuel S. Pryor

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

14. Maiden name Mary J. Barrett
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Helen Pryor

(b) Address R.R. #1, Nevada, Mo.

17. (a) removal (b) Date thereof 10-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-29-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1943 hour 3:50 minute 8 a. m.

21. I hereby certify that I attended the deceased from Oct-26 to Oct-29 that I last saw him alive on Oct-29 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure

Due to Hypertension & Coronary Sclerosis

Due to _____
Other conditions g. s. c.
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. P. Dougherty (M.D. or other) _____
Address K.C. Mo. Date signed 10/29/43

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

315-0111111111111111
1-30
P. O.

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 John H. Hurley
Licensed Embalmer No. 40507
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.