S. No. 2
M—2-43
5-17-39
I X35697

54
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 77571

Registration District No. 173 — Primary Registration District No. 5643 ~~5643~~ 4274 — Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Freedom ~~and~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rfd. #3 Higginsville, Mo /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 41 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 54

(a) State Missouri (b) County Lafayette 0

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rfd. #3 Higginsville Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Adrien Leroy Priest

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Hazel Priest

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Oct. (Month) 6 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	4	25	hr. min.

9. Birthplace Lafayette Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Arthur Priest
13. Birthplace Johnson Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Emma Francis Dyer
15. Birthplace Lafayette Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Earl Priest
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.

19. (a) March 2-1944 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1 year 1944 hour 6 minute p M.

21. I hereby certify that I attended the deceased from 1942, 19__, to 3-1-44, 19__; that I last saw h~~ime~~ alive on 2-20-44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	sudden death
Due to Cerebral Arteriosclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 83a	
Major findings: Of operations	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. F. McKinney (M. D. or other) MD

Address Warrensburg Mo Date signed 3-2-44

1235

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-6-44

MAR 1 31944

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 R. R. Phillips

Licensed Embalmer No. 3320

P. O. Address Warrensburg, 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.