

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30276
Registrar's No. 3643

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution Memorial Hosp.
(d) Length of stay: In hospital or institution 6 days
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1506 Central
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS AGNES PRYOR
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 6
year 1944 hour 6 minute 45a.m.

4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced, widow
(b) Name of husband or wife George Pryor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 13 1874

21. I hereby certify that I attended the deceased from 11-17 1942 to 9-6 1944
that I last saw him alive on 9-6-44
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

8. AGE: Years 69 Months 8 Days 23
If less than one day hr. min.

Due to Essential hypertension
Due to
Other conditions
Major findings: Of operations: 83 a
Of autopsy

9. Birthplace St. Joseph Mo
10. Usual occupation Housewife
11. Industry or business at Home
12. Name Jeremiah Sullivan
13. Birthplace Ireland
14. Maiden name Bridget Hays
15. Birthplace Ireland

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Pryor
(b) Address 8 Union Hotel
17. (a) Removal (b) Date thereof 9-8-44
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director Quinn & Taber
(b) Address 70 W. Linwood

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) 9-8-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Gray Goldman
Address 1618 Professional Bldg
Date signed 9-6-44

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 Charles M. Durk

Licensed Embalmer No. 3774

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.