

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 8281

FILED MAR 12 1946

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Nevada
(b) City or town Nevada
(c) Name of hospital or institution: 1527 W. Cherry St. 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nevada
(c) City or town 1
(d) Street No. 1527 W. Cherry St.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William S. Pryor
(b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 27
year 1946 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 1945 to Jan 27 1946
that I last saw him alive on Jan 27 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hester Pryor 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov 28 1870
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to Hypertension Don't know
Due to Endarteritis Obliterans 1 yr.
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
75 1 30 hr. min.

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business Farming
12. Name Jam. Pryor
13. Birthplace Missouri
14. Maiden name Jane Stenit
15. Birthplace Missouri

16. (a) Informant Hester Pryor
(b) Address 1527 W. Cherry St.
17. (a) Burial (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wesley Cemetery

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? ✓

18. (a) Signature of funeral director Edgington
(b) Address Nevada, Mo.
19. (a) 2-12-46 (b) Kathryn Nancy
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Love (M. D. or other) 0
Address Nevada, Mo. Date signed 1/28/46

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

MOTHER FATHER

RECEIVED

Officer No. 7,

2-46-194

Date 3-8-46

MAK 19 1946

6461 6 071

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.....

Mark E. Schinger

Licensed Embalmer No. *2656*

P. O. Address. *Nevada, 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.