. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

316

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32813

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1180

1. PLACE OF DEATH:

(a) County Cuchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr 1 mo 20 da (Specify whether
In this community 2 y 1 mo 20 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 11

(c) City or town KC 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4340 Bill 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Prior

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M O

5. Color or race W.

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Mch (Month) 19 (Day) 1862 (Year)

8. AGE: Years 84 Months 7 Days 2 If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) Germany (State or foreign country)

10. Usual occupation City Gas Inspector

11. Industry or business

FATHER
12. Name Henry Prior
13. Birthplace ✓ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Boeddrake
15. Birthplace ✓ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Jno H Prior
(b) Address 4345 Bill KC Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 22 46 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City Mo

19. (a) Oct. 22, 1946 (Date received local registrar) (b) H J Nesselbusch (Registrar's signature) Jm

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1946 hour 11 30 minute A M.

21. I hereby certify that I attended the deceased from Oct 17, 1946, to Oct 21, 1946;
that I last saw him alive on Oct 21, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 C

23. Signature L S Thuck (M. D. or other)

Address State Hosp 42 Date signed 10/21/46

3 K.

(Licensed Embalmer's Statement on Reverse Side)

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.....A. R. Hauschild

Licensed Embalmer No.....4159

P. O. Address.....Kansas City M

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.