S. No. 2
M—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1948

Registration District No. 298

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 2012

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 410½ Georgia Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 410½ Georgia St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE WILLIAM PRIBE

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

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

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

7. Birth date of deceased March (Month) 4 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

10. Usual occupation RETIRED CARRIAGE MAKER

11. Industry or business WAGONS & CARRIAGES - FARMERS

FATHER
12. Name Henry Albert Pribe
13. Birthplace Peustermein (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Nancy Marzolf
15. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Cleve Pribe
(b) Address Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri

19. (a) 1/28/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1948 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-8, 1946 to 1-25, 1948 that I last saw him alive on 12-30, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	6 hrs
Due to Hypertensive Cardiovascular Disease	10+ yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 —

23. Signature Chas H Lumellen (M. D. or other) M.D.
Address Louisiana, Missouri Date signed 1-27-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1949

MAY 13 1949

RECEIVED
District Health Officer No.
District File Number 2-48-2
Date Filed FEB 4 1948

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 Virginia M. Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.