No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 15

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12376

Primary Registration District No. 5566

Registrar's No.

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Middlebrook
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron
(c) City or town: Middlebrook
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Annie Pryor
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: fem
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: William Pryor
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: November (Month) 23 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	5	6	....hr. ....min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business .....

FATHER
12. Name: unknown
13. Birthplace: unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: William Pryor
(b) Address: Middlebrook Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Middlebrook Mo.
18. (a) Signature of funeral director: White Funeral Home
(b) Address: P. White Ironton Mo.
19. (a) May 4 1948 (Date received local registrar) (b) Mrs Elizabeth Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 7 minute 40 P M.
21. I hereby certify that I attended the deceased from Apr 28, 1948 to Apr 29, 1948 that I last saw her alive on Apr 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to	
Infirmities of old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN — Underline the cause of 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: L. H. Gale (M. D. or other)
Address: Bismarck Mo Date signed 4/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 548-593
Date Filed 5-8-48

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 Ancel J. White

Licensed Embalmer No. 2012

P. O. Address Ironton 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.