

No. 2  
-1/47  
5-17-39

National Office of Vital Statistics

FILED MAY 5 1948

Registration District No. **206**

Primary Registration District No. **2001**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **218 Pennsylvania**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **218 Pennsylvania**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **JAMES PRYOR**

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 **widowed**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **February 13, 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>1</b>	<b>18</b>	hr. .... min.

9. Birthplace **Near Ritchey**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Carpenter**

11. Industry or business.....

12. Name **No record**

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) **Burial** (b) Date thereof **4-2-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Van Buren Cemetery**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin, Joplin, Mo**

19. (a) **4-1-48** (b) **Delores Thompson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**  
year **1948** hour **12:30** minute **30** M.

21. I hereby certify that I attended the deceased from **March 27** 19**48**, to **March 31** 19**48**  
that I last saw him alive on **March 31** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bright's Disease**  
**Albuminuria**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy **13%**

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.....

23. Signature **John M. Douglas** (M. D.)  
Address **1112 West 22nd Joplin Mo** Date signed **April 3, 1948**

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

MOTHER FATHER

69  
2

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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

*F. M. Jones*

Licensed Embalmer No.

*2319*

P. O. Address

*Joplin 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.