No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 19 1948

Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6074

State File No. 17342

Registrar's No. 146

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Desloge, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 709 Monroe (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Francois
(c) City or town: Desloge (If outside city or town limits, write "RURAL") 911
(d) Street No.: 709 Monroe (If rural, give location) 0
(e) Citizen of, foreign country? no. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Carson Pryor
3. (b) If veteran, name war .....
3. (c) Social Security No.: 499-03-5434
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Emma Pryor
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: May (Month) 25 (Day) 1888 (Year)

8. AGE: Years 59 Months 9 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Irondale (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: construction work
11. Industry or business: St. Joe Lead Co.
FATHER
12. Name: Mouse Pryor
13. Birthplace: (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name: Polley Loftus
15. Birthplace: (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: Mrs. Emma Pryor
(b) Address: 709 Monroe Street, Desloge, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Francois Mo.
18. (a) Signature of funeral director: C. Z. Boyer & Son
(b) Address: Desloge, Mo.
19. (a) 5-10-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 2nd year: 1948 hour: 7 minute: 45 p.m.
21. I hereby certify that I attended the deceased from Jan 1948, 19..., to May 2, 19 48, that I last saw h. alive on May 1, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 hr.
Due to: Arteriosclerosis	
Cardiovascular disease	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place) Pk
While at work? ..... (e) Means of injury: 0
23. Signature: J. C. Foster (M. D. or other) M.D.
Address: Desloge, Mo. Date signed: 5-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-65

Date Filed 5-18-48

JAN 22 1949

JUN 23 1949

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 B. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Glasgow, 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.