

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 879

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether weeks)
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertie Wallace Pryor

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luan Pryor 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 14 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 6 hr. min.

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

10. Usual occupation B. W. Pryor Poultry Co. Poultry

11. Industry or business Poultry

12. Name Soloman John Pryor

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. B. W. Pryor

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 8-23-48 (Date received local registrar) (b) R. G. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 Charles St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 18 AUG 1948 to 20 AUG 1948
that I last saw him alive on 20 AUG 1948 and that death occurred on the date and hour stated above.

Immediate cause of death HYPOSTATIC PNEUMONIA Duration 2 DAYS

Due to ?

Due to 61

Other conditions DIABETES MELLITUS (Include pregnancy within 3 months of death)

Major findings: Of operations PROSTATIC HYPERTROPHY 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Clement P. Jenkins (M.D. or other) M.D. Address 308 Schneider Bldg Date signed 21 AUG 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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.