

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33673
4223

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (in this place) 20 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 510 Bellefontaine

3. NAME OF DECEASED
 a. (First) Luella b. (Middle) F. c. (Last) Pryor
 (Type or Print)

4. DATE OF DEATH
 (Month) 10 (Day) 5 (Year) 50

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH August 11, 1867
9. AGE (In years last birthday) 83

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
 IF UNDER 1 YEAR: _____
 IF UNDER 24 HRS.: _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
John W. Pryor

13b. MOTHER'S MAIDEN NAME
Maria Lampkin

14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Keenan **ADDRESS** 510 Bellefontaine

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
59 1/2 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1950, to Oct. 5, 1950, that I last saw the deceased alive on Oct. 5, 1950, and that death occurred at 2:30A. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 10-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-7-50

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. 10-6-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc. **ADDRESS** K. C., Mo.

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

Dr. McQuinn

MAR 14 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *465-L*

P. O. Address *Kansas City, 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.