

AUG 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27037
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 249
 (b) Township Perry Primary Registration District No. 4374
 (c) City Green Castle (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie May Pryor

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. M. Pryor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Adair Co.
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles C. Rankin

14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah B. Moss

16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT L. M. Pryor
 (ADDRESS) Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle Cem DATE July 3, 1939

19. FUNERAL DIRECTOR (NAME) Glenn E. Kent & Son
 (ADDRESS) Green City, Missouri

20. FILED July 31, 1939 Virginia Gibson (Address) Greencastle Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939 to July 1, 1939

I last saw her alive on July 1, 1939 Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset Six months ago.

Other contributory causes of importance: 4b

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Chas. H. Lewis, M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X18605

RECEIVED

District Health Officer No. 10

District File Number 8-29-1907

Date Filed AUG 4 1939

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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, above space should be left blank.