

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29364

REC'D SEP 20 1939

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kernodle Wagon Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1720 Vincil
(If rural, give location): _____

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Percy Pryor

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-09-3133

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13 1939
year _____ hour _____ minute 3 P. M.

4. Sex male

5. Color or race wh

6. (a) Single, widowed, married, divorced married

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

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

7. Birth date of deceased August 31 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Death by homicide

Duration _____

8. AGE: Years Months Days If less than one day

22 11 13 - hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Punch Press Operator

11. Industry or business _____

MOTHER FATHER

12. Name Art Pryor

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

14. Maiden name Hookens

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

Major findings:
Of operations _____

Of autopsy Edwin Edgar, D.D.M.
Bourlin

16. (a) Informant's own signature _____

(b) Address 1720 Vincil

17. (a) Burial (b) Date thereof Aug 16 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Notable Branch, Mo.

18. (a) Signature of funeral director Rose + Henderson

(b) Address 4139 E 15th K.C. Mo.

19. (a) 9-9-39 (b) R. V. Lindsey & Sons
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 8-13-39

(c) Where did injury occur? Jackson Co Mo
(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)

(e) Means of injury _____

23. Signature Russell (M. D. or other) _____

Address _____ Date signed _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

William Dorsey Pryor
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Glen E. Henderson

Licensed Embalmer No. _____

3657

P. O. Address _____

16, MD

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.