

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

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JUL 9 1940

State File No. _____

Registration District No. 457

Primary Registration District No. 4971

Registrar's No. 72 12

I. PLACE OF DEATH

(a) County Lafayette
(b) City or town Concordia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 51 years (Specify whether years, months, or days)

8. (a) PRINT FULL NAME John Prigge 620
9. (b) If veteran name war None (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 Hedwig Prigge 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Oct 23 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Herman Prigge
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Herman Prigge
(b) Address Concordia, Mo
17. (a) Burial (b) Date thereof June 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Lutheran

18. (a) Signature of funeral director N. F. Duesing
(b) Address Concordia, Mo
19. (a) June 19-40 (b) Berlinand Shryman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Concordia
(If outside city or town limits, write "RURAL")
(d) Street No. 505 Bismark St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 51 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1940 hour 8 minute 0 A. M.
21. I hereby certify that I attended the deceased from June 1 1940, to June 11 1940;
that I last saw him alive on June 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Bronchial Asthma 10 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) 11/2

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy None
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) (e) Means of injury _____
23. Signature Berlinand Shryman (M. D. or other) _____
Address Concordia, Mo Date signed June 19-40

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-3-40

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

W. Roy Evers

Licensed Embalmer No.

3070

P. O. Address

Wellington M

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.