No.

X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 16 1941

Registration District No. 30

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37702

Primary Registration District No. 3003

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 205 8th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 205 8th. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Price Pryor

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased May 13, 1941 (Month) (Day) (Year)

8. AGE: Years ..... Months 6 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Waymon Duke Pryor
13. Birthplace Laclede County, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lola Scott
15. Birthplace Stone County, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. W. D. Pryor,
(b) Address 205 8th. St., Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Ballard
(b) Address Monett Mo.

19. (a) 11-28-1941 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1941 hour 11: minute 50 P M.

21. I hereby certify that I attended the deceased from 11/27/41, 19..., to 11/27/41, 19...; that I last saw him alive on 11/27/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia (2 days) was dying when I arrived.

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Nature of injury .....

23. Signature Frank Neff M.D. (M. D. or other)

Address Monett Mo Date signed 11/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1241-1835
Date Filed DEC 11 1941

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 J. P. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

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

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

S. No. 2B
X—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37702

Registration District No. 30 Primary Registration District No. 3003 Registrar's No.

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas O. Pugar
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 13, 1908 (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1941 hour minute M.
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 Bronchial Pneumonia — Duration
Due to
Due to No Complication
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 10 7

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Frank Kent MD (M. D. or other)
Address Monett Mo Date signed 11/9/41

SUPPLEMENTARY #7