

FILED MAR 9 1942

Registration District No. **1795**

Primary Registration District No. **3039**

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada A.T.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 603 S. Oak  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108  
(c) City or town Nevada 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 603 S. Oak  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8,  
year 1942 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Feb 4, 1942 to Feb 8, 1942  
that I last saw her... alive on Feb 4, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage Duration 2/3/42

3. (a) PRINT FULL NAME Hallie Logan Pryor

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race Black 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased about 1871  
(Month) (Day) (Year)

8. AGE: Years about 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. H. Callaway

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof 2/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Missouri

19. (a) Feb 26 1942 (b) Allen W. Hays  
(Date received local registrar) (Registrar's signature)

Due to Hardened Arteries

Due to Advanced age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations § 301  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. N. Gore (M. D. or other)

Address Nevada, Mo. Date signed 2/13/42

AUG 21 1944

APR 18 1944

RECEIVED

District Health Officer No. 7,

District File Number 3-42-198

Date Filed 3-5-42

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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.....

Lloyd Winsett  
Licensed Embalmer No. 3857

P. O. Address: Nevada, 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.