

S No. 2  
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17-39  
PI X32873

14477

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 13 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4234

Registrar's No. 13

1. PLACE OF DEATH:

(a) County IRON

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

(c) Name of hospital or institution: 1

(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 IRON

(c) City or town IRONTON  
(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 EDWIN ORRIS PRYOR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ISABELLE PRYOR 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased SEPT 4 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation AGRICULTURE

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

MOTHER FATHER

12. Name ALBEN PRYOR

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

14. Maiden name MARY EBBEN NEWMAN

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

16. (a) Informant MRS ISABELLE PRYOR

(b) Address IRONTON, MISSOURI

17. (a) BURIAL (b) Date thereof 4-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PROT. MND. MO.

18. (a) Signature of funeral director Geo. P. Lumbel

(b) Address Ironton, Missouri

19. (a) 4-24-43 (b) Virgus R. Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15 year 1943 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from March 17, 1942, to April 15, 1943, that I last saw him alive on April 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Arterial sclerosis, general  
Arterial hypertension

Due to Chronic myocarditis  
Hemiplegia, old

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

Major findings: 93d  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

Means of injury \_\_\_\_\_

23. Signature Beir W. Bull (M. D. or other) M.D.

Address Ironton, Mo Date signed 4-16-43

Duration

2 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47  
0

47  
1  
0

10830

RECEIVED

District Health Officer No. 4  
District File Number 543-223  
Date Filed 5-11-43

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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.....

4/15/43....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leo P. Luebel.....

Licensed Embalmer No. 3475.....

P. O. Address Ironton, 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.