

S. No. 2
M-7-43
5-1-1943
1 23587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30912

State File No. _____

SEP 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3766

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1315 East 22nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 47 Years (Specify whether 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. 1315 East 22nd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ISSAC PRYOR

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lizzy B. Pryor 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 15, 1870
(Month) (Day) (Year)

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

72 10 10 1/2 hr. _____ min.

9. Birthplace Christian Cy., Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name John E. Pryor

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

14. Maiden name Mary Humphree

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

16. (a) Informant Mrs. Lizzy B. Pryor

(b) Address 1315 East 22nd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter E. Brown

(b) Address 1729 Lydia Avenue

19. (a) 8-31-43 (Date received local registrar) (b) W. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 Friday
year 1943 hour 8:15 minute _____ P.^{M.}

21. I hereby certify that I attended the deceased from Aug. 27, 1943 to Aug. 27, 1943
that I last saw him alive on August 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Paralytic
Hypertension

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings: Of operations ✓

Of autopsy no

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) (2) Means of injury

23. Signature L. W. Booker (M. D. or other) _____
Address 2028 Vine St. Date signed 8/30/43

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

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 *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.