

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37544Registration District No. 170Primary Registration District No. 3033Registrar's No. 114

1. PLACE OF DEATH:

(a) County Wright Laclede
(b) City or town Lebanon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 hr. 18 min.
(Specify whether
In this community 63
years, months or days)

3. (a) PRINT FULL NAME George Thomas Pryor3. (b) If veteran,
name war3. (c) Social Security
No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Myrtle D. Pryor
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 8 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 3 hr. min.

9. Birthplace Hartville Missouri
(City, town, or county) (State or foreign country)10. Usual occupation stock man

11. Industry or business

MOTHER FATHER
12. Name William Carrol Pryor
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Casey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle D. Pryor(b) Address Hartville, Missouri17. (a) burial (b) Date thereof 11/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Hill18. (a) Signature of funeral director Halden's(b) Address Hartville, Mo.19. (a) Dec. 6, 1946 (b) Geo. Frankberger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Hartville, Missouri
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1946 hour 6 minute 30p.M.21. I hereby certify that I attended the deceased from 11 Nov. 1946 to 11 Nov. 1946
that I last saw him alive on 11 Nov. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

hypertensive heart disease
cerebral hemorrhageDue to _____
Due to _____Other conditions chronic nephritis
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 10/10

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. Summers (M. D. or other) md
Address Lebanon Mo Date signed 11/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

30000

152

Received 12/11/46
Laclede County Health Unit
File No. 11-46-170
Date Filed 12/11/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.