S. No. 2
—12-45
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

27884

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3464

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
In this community 2 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 412 VINE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANK PRYOR (Puryear)
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex MALE 2
5. Color or race NEGRO
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 APRIL (Month) 15, (Day) 1883 (Year)

8. AGE: Years 79 64 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace FRANKLIN (City, town, or county) TENNESSEE 1 (State or foreign country)
10. Usual occupation COMMON LABORER
11. Industry or business
FATHER
12. Name ANDREW PRYOR
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZA
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MARIE SMITH (NIECE)
(b) Address 2745 BROOKLYN
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Watkins Bros Funeral
(b) Address 1729 Lydia
19. (a) 8-12-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 10, year 1947 hour 10: minute 40 A.M.
21. I hereby certify that I attended the deceased from AUGUST 5, 1947, to AUGUST 10, 1947; that I last saw him alive on AUGUST 10, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE HEMORRHAGIC PANCREATITIS	
Due to PULMONARY THROMBOSIS	
Due to	
Other conditions (Include pregnancy within 3 months of death) 12-8	

Major findings:
Of operations
Of autopsy SAME AS ABOVE

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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 8/11/47

(Licensed Embalmer's Statement on Reverse Side)

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. 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.