FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 22274

Registrar's No. 852

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2105½ So. 11th St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine Pryor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased December (Month) 25, (Day) 1864 (Year)

8. AGE: Years 83 Months 7 Days 14 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Thomas Duffy
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Litton
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fannie Butcher (daughter)

(b) Address 725 Garden St., City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt, Nebraska

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) Aug 12, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9, year 1948 hour 3 minute :55 P.M.

21. I hereby certify that I attended the deceased from June 28, 1948, to August 9, 1948; that I last saw her alive on August 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	Ukn.
Due to General Debility	Ukn.

Other Conditions: Fracture at the juncture of the femoral of rt. hip.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
other conditions

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) Fell on sidewalk

(b) Date of occurrence June 28, 1948

(c) Where did injury occur? St. Joseph (City or town), Missouri (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In front of home (Specify type of place)

While at work? No (e) Means of injury Fell

23. Signature [signature] (M. D. or other)

Address The Tootle Bldg. St. Joseph, Missouri Date signed 8-10-48

(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 Randal B. Stake, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.