

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23014**

BIRTH NO. _____ **REG. DIST. NO.** 116 **PRIMARY REG. DIST. NO.** 3020 **Registrar's No.** 120

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Franklin		a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 130 E. Fifth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 130 E. Fifth St.			
3. NAME OF DECEASED (Type or Print) Richard Smithers Pryor			4. DATE OF DEATH (Month) (Day) (Year) July 31 1949
a. (First)	b. (Middle)	c. (Last)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1886
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Paynesville, Missouri
10a.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Watson L. Pryor		13b. MOTHER'S MAIDEN NAME Caroline Malone	14. NAME OF HUSBAND OR WIFE Lena A. Pryor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena A. Pryor ADDRESS Washington, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH 5 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS 4222	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Aug 1944, to July 31, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 8 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Frank G. Wray M.D. (Degree or title)		23b. ADDRESS Washington, Missouri.	
23c. DATE SIGNED 8/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 4, 1949	
24c. NAME OF CEMETERY OR CREMATORY St. Gertrude's Cemetery		24d. LOCATION (City, town, or county) (State) Krakow, Missouri.	
DATE REC'D BY LOCAL REG. Aug. 2/1949		REGISTRAR'S SIGNATURE _____	
25. FUNERAL DIRECTOR'S SIGNATURE 99		ADDRESS Washington, Mo.	

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

36
60
2

36
5
2

RECEIVED
AUG 8 1949
District Health Officer No. 9,
District File Number

DEC 17 1951

DEC 19 1951

Mr. James H. ...

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lester A. Witt

Licensed Embalmer No. *8254*

P. O. Address

Washington, 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.

Not embalmed, see file for details