

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38914
 Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
 (b) Township McDonald Primary Registration District No. 5045B Registered No. 42
 (c) City (d) Street No. Route 2, Cassville St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 660 America Pryor St. (If nonresident, give city or town and State)
Barry County (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Pryor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1850
 7. AGE YEARS 89 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to May, 1939
 I last saw her alive on May, 1939. Death is said to have occurred on the date stated above, at 7:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana
 FATHER 13. NAME Will Cox
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 17. INFORMANT (ADDRESS) F. E. Pryor
Route 1, Purdy, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sparks DATE Nov 4, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Keon Funeral Home
Cassville, Mo.
 20. FILED 11-27, 1939 Edw. Newman Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Stenn A. Salzer M. D.
 (Signed) Cassville, Mo.
 (Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2389

Date Filed DEC 4 1939

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,

Rufus J. Miller

or by

Registered Apprentice No., working under my personal supervision.

Signed

Rufus J. Miller

Licensed Embalmer No.

3794

P. O. Address

Cassville, 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, above space should be left blank.