

FILED APR 10 1946  
Registration District No. 296

Primary Registration District No. 6017

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

1. PLACE OF DEATH:  
 (a) County Ray  
 (b) City or town Henrietta Rural Camden  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINTED FULL NAME Edwin L. Prior  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
 5. Color or race White  
 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: June 17 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 8 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Schlusersburg Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John H. Prior  
 13. Birthplace Semmeosage Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Bergsiekler  
 15. Birthplace Schlusersburg Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Rider  
 (b) Address Henrietta, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craven Cemetery

18. (a) Signature of funeral director [Signature]  
 (b) Address Richmond, Mo.

19. (a) 3/20/46 (b) Helene J. Lockin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ray 89  
 (c) City or town Henreitta  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4 miles South West  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16  
 year 1946 hour 11 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from March 1st  
1946 to March 16th 1946

that I last saw him alive on March 15th 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Hypertrophy of Heart 5 years  
Duration

Due to Hodskin A Disease of Lymphatic Circulation

Due to Unknown

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: St Luk Hospital Annals  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
 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) (Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Henrietta, Mo. Date signed 3/20/46

RECEIVED

District Health Officer No. 8,

District File Number

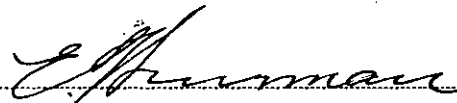
Date Filed

4-9-46

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. 2073

P. O. Address Richmond 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.**