S. No. 2
I—1-4-41
. 5-17-39
PI X25390

94
52

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31243
State File No.

FILED OCT 14 1942
Registration District No. 3116
Primary Registration District No. 3061
Registrar's No. 31

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Flat River, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED: 79
(a) State Mo. (b) County 6
(c) City or town Silver Lake, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Mrs. Stella M. Pridemore
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. John J. Pridemore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 1 (Day) 1886 (Year)

8. AGE: Years 56 Months 4 Days 29. If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business —

FATHER
12. Name Mr. R. A. Cunningham
13. Birthplace St. Francois Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Miss Miranda Claywell
15. Birthplace St. Genevieve County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Miss Bessie Cunningham (sister)
(b) Address Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Park View - Farmington Mo
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Cross St. Flat River, Mo.
19. (a) Sept 2, 1942 (Date received by registrar) (b) Byrdie Buhrmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1942 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 24 1942 to August 30 1942 that I last saw him on alive on August 28 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of Pancreas	6 wks
Due to	
469	
Due to	
Other conditions Chronic Hypertension (Include pregnancy within 3 months of death)	8 years
Major findings: Of operations Carcinoma of Head & Pancreas	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)
Address Flat River, Mo. Date signed 9/1/42

1196

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1942

RECEIVED

District Health Officer No. 4

District File Number 1042-1240

Date Received 10-13-42

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 Alvin W. Hoof

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River

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.