

REC'D APR 9 1938

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

10102
Do not use this space.

1. PLACE OF DEATH
 10 (a) County Boone Registration District No. 73
 3 (b) Township Columbia Primary Registration District No. 3006 Registered No. 62
 4 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ronald Gene Proctor, 623
 (a) Residence, No. 523 Sexton Rd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1936
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant,
 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 ✓
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Missouri
 FATHER 13. NAME Herman Proctor,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Blanche Gillam
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Herman Proctor, Columbia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Red Rock DATE 3-14-38
 19. FUNERAL DIRECTOR (ADDRESS) W. H. Vandeventer, Columbia, Mo.
 20. FILED 3/14/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1938, to 3-13, 1938.
 I last saw him alive on 3-13, 1938. Death is said to have occurred on the date stated above, at 1 P m.
 The principal cause of death and related causes of importance were as follows:
Measles
Broncho-Pneumonia
Myocarditis
 Date of onset 3/3/38
 Other contributory causes of importance: None
 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 Stephen D. Mueck (Signed) _____, M. D.
74 (Address) Columbia, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, W. H. Vandevanter, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. H. Vandevanter
Licensed Embalmer No. 2494

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.)