

REC'D OCT 26 1938

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

33105  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Randolph Registration District No. 734  
 (b) Township Jackson Primary Registration District No. 4439  
 (c) City Jacksonville (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Permelia E. Proctor 623  
 (a) Residence, No. Jacksonville MO 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Proctor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 - 1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>-</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	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) <u>West Grove Iowa</u>		
FATHER	13. NAME <u>Henry Partile</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>John Proctor Jacksonville MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jacksonville Cemetery</u> DATE <u>Sept 12 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Snow Funeral Home Moberg MO</u>		
20. FILED <u>Sept 10 - 1938</u> <u>R. M. Carter</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 9, 1938.  
 I last saw him alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 1:00 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Rheumatic heart disease with mitral insufficiency and decomposition. Renal insufficiency.  
 Date of onset \_\_\_\_\_

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 \_\_\_\_\_  
 (Signed) Donald E. [Signature], M. D.  
 (Address) Jacksonville  
942

RECEIVED

District Health Officer No. 10

District File Number 10-38-347

Date Filed 10-10-38

STATEMENT BY LICENSED EMBALMER

I, Thomas G. Barris, Licensed Embalmer No. 2414

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

..... L. E. No. .... or by R. M. Gator, Registered Apprentice No. 137  
working under my personal supervision.

Signed Thomas G. Barris  
Licensed Embalmer No. 2414

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)