No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22563

Registration District No. 203 — FILED JUL 17 1940 — Primary Registration District No. 4424 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County Polk 1

(b) City or town Humansville, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: George Dennett Memorial Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community June 15th to June 22nd

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Humansville~~ Missouri (b) County Polk

(c) City or town Humansville (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Essie May Proper. 616

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phil Proper (Husband)

6. (c) Age of husband or ~~wife~~ if alive 50 years

7. Birth date of deceased July (Month) 22 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
46	11		hr. min.

9. Birthplace Humansville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper 0

11. Industry or business

FATHER
12. Name Jack Dennell 0
13. Birthplace Hickory Co. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Paulina Brown
15. Birthplace Berry Co. (City, town, or county) (State or foreign country)

16. (a) Informant Philip O. Proper

(b) Address Humansville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sattlers Cemetery

18. (a) Signature of funeral director Joseph F. Tinestone

(b) Address Humansville Mo

19. (a) June 24-40 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1940 hour ~~two~~ 1 minute 50 a.m.

21. I hereby certify that I attended the deceased from June 5, 1940, to June 22, 1940 that I last saw her alive on June 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Ileus — Duration 36 hours

Due to Injury due to being butted in abdomen by Goat — June 5 to June 22

Due to

Other conditions (Include pregnancy within 3 months of death) 18 19

Major findings: Of operations Cesearian Section finding dead Baby

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 June 1-1940

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 632 Farm Hickory Mo (Specify type of place)

While at work? (e) Means of injury

23. Signature Preston Sterrett (M. D. or other) 1

Address Humansville Mo Date signed June 22/1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-40-1072
Date Filed 9-16-40

OCT 1 6 1942

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 Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address Hunansville

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.