

FILED FEB 14 1941

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

2719

Do not use this space.

1. PLACE OF DEATH  
 (a) County HENRY Registration District No. 347  
 (b) Township CLINTON Primary Registration District No. 5488 Registered No. \_\_\_\_\_  
 (c) City CLINTON MO (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 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 73 yrs. ✓ mos. ✓ ds.

2. PRINT FULL NAME SUSAN PROUSE  
 (a) Residence, No. CLINTON MO St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS PROUSE  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 1 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Co Illinois

FATHER 13. NAME James Moyer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Elizabeth Maloney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Nora Caldwell Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2-1 1941

19. FUNERAL DIRECTOR (ADDRESS) Fred Wilkerson Clinton Mo

20. FILED 2-3-41 W. J. R. Hampton Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN-31 1941  
 22. I HEREBY CERTIFY, That I attended deceased from 11-15 1940, to 1-31 1941.  
 I last saw h. c. r. alive on 1-31 1941 Death is said to have occurred on the date stated above, at 10:30 AM  
 The principal cause of death and related causes of importance were as follows:

Uremia12/18

Date of onset

2 days

Other contributory causes of importance:

Chronic Nephritis1 yr.

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 \_\_\_\_\_ 1941  
 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 of injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Eugene A. Merrill M.D.  
 (Address) Clinton, Mo.

RECEIVED

District Health Officer No. 7;  
District File Number 2-41-270  
Date Filed 2-7-41

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Fred W. Kuehn*

Licensed Embalmer No. 2478

**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.)**