V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7048

FILED MAR 1 1941

Registration District No. 3417

Primary Registration District No. 3018

Registrar's No.

42
1
2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton RR
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Mo (b) County Henry 0

(c) City or town Clinton RR 0
(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.? 0 years.

3. (a) PRINT FULL NAME DONALD KEITH PROUSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 8 (Day) 1938 (Year)

8. AGE: Years 3 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Jack Prouse
13. Birthplace Henry Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Ruby Post
15. Birthplace Deepwater (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Jack Prouse
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bethelhem

18. (a) Signature of funeral director Consolus & Reck
(b) Address Clinton Mo

19. (a) 2-13-41 (Date received local registrar) (b) Dr J R Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 1941 hour 11 minute 00 A M.

21. I hereby certify that I attended the deceased from 2-8, 1941, to 2-11, 1941
that I last saw him alive on 2-11, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
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 Eugene D. Neville (M. D. or other) MD
Address Clinton Mo Date signed 2-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-403
Date Filed 3-4-41

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 J E Consolver

Licensed Embalmer No. 1891

P. O. Address Clinton

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.