

FILED JUL 18 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Boone County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 months
 (Specify whether years, months or days) entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 11 Willis Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN ANCEL PROCTOR

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Hickam 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased Jan 25 1883
 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Boone County Mo (City, town, or county) (State or foreign country)

10. Usual occupation knugish

11. Industry or business _____

12. Name James W Proctor

13. Birthplace Boone County Mo (City, town, or county) (State or foreign country)

14. Maiden name Margaret Jefferson

15. Birthplace Boone County Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Proctor

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof Jan 6 '41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director Harker

(b) Address Columbia, Mo

19. (a) 6/6/41 (b) Allee Delley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1941 hr. 8 A.M., minute _____ M.
 21. I hereby certify that I attended the deceased from April 6
 1941, to June 4 1941
 that I last saw him alive on June 4 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis
Acute Rheumatic Fever
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 5 1/2

Duration

Major findings: Of operations not done
 Of autopsy Acute endocarditis

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?
74 (Specify type of place)
 While at work? _____ (b) Means of injury _____
 23. Signature Robert H. Simpson M.D. (M. D. or other) 11
 Address Columbia Missouri Date signed 6/6/41

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

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 *Tom McHarg*

Licensed Embalmer No. *4067*

P. O. Address *Columbia, Mo*

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, fact should be so stated above.