

FILED JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23033**

Registration District No. **90.3**

Primary Registration District No. **6212**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Worth**  
(b) City or town **Rural Fitchell**  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **52 yrs**  
(years, months or days)

3. (a) PRINT FULL NAME **GEORGE WILLIAM PROCTOR**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Wm A Proctor** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 3 1864**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Wayne Co N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Proctor**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ann**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Mitchell**

(b) Address **Grant City Mo.**

17. (a) **Burial** (b) Date thereof **6-13-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant City**

18. (a) Signature of funeral director **A. C. Duffee**

(b) Address **Grant City, Mo.**

19. (a) **June 20, 1941** (b) **Clifford Kase**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Worth**  
(c) City or town **Rural Grant City-Fitchell**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**  
year **1941** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **June 1**  
1941 to **June 10**, 1941  
that I last saw him alive on **June 10**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
**Carditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Embolic pneumonia**  
(Include pregnancy within 3 months of death)

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? **No**

Where at work? **968** (Specify type of place) (e) Means of injury **2**

23. Signature **J. D. Duffee** (M. D. or other) **2**

Address **Grant City** Date signed **6-13-41**

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.....

*Arch C. Dumble*

Licensed Embalmer No. *3252*

P. O. Address *Giant City, 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.**