7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12360

Registration District No. 949 Primary Registration District No. 6225 Registrar's No. 3

14
9

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain View
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Susan Frances Prock
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife x James Green Prock
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased May (Month) 2 (Day) — 1860 (Year)

8. AGE: Years 81 Months 9 Days 19 If less than one day x hr. x min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name William Summers
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Huffine
15. Birthplace North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Julia Perryman
(b) Address Grove Spring, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Eureka
18. (a) Signature of funeral director Rex Ramey
(b) Address Marshfield, Missouri.
19. (a) 3-17-1942 (Date received local registrar) (b) John M. Vestal (Registrar's signature)

1018

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1942 hour 11:45 minute p.M.
21. I hereby certify that I attended the deceased from Feb. 10 1942 to Feb. 19 1942, that I last saw him alive on Feb. 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia	Duration
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation
Of autopsy

J. V. Hough

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 0

23. Signature J. V. Hough (M. D. or other) M.D.
Address Grovespring, Mo. Date signed 3-17-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-548
Date Filed APR 15 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. Not embalmed

Signed ———

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.