

State File No. _____

FILED JUN 18 1942

Registration District No. 903

Primary Registration District No. 2505

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
(c) City or town Grant City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED JAMES PROCTOR

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

4. Sex Mo 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia Proctor
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug 20 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Jordan Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name James L Proctor

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Anna F. Proctor

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Proctor

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 6-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

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

(b) Address Grant City, Mo.

19. (a) June 6/42 (b) Arlene Scadden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1942 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 10 to June 7 1942
and that death occurred on the June 4 1942
that I last saw him alive on June 4 1942

Immediate cause of death Cardiac Fibrillation
decompensation

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95c

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Smith (M.D. or other) DD
Address Grant City Date signed 6/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

13
0-0

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. Dangle

Licensed Embalmer No.....

3252

P. O. Address.....

Grant 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.