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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27681

Registration District No. 212 — Primary Registration District No. 4326 — Registrar's No. 36

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1. PLACE OF DEATH:
(a) County MILLER
(b) City or town OLEAN TWP
(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 years, months or days) 6 days
In this community

2. USUAL RESIDENCE OF DECEASED: 68
(a) State MISSOURI (b) County MONITEAU
(c) City or town HIGH POINT 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.? years.

3. (a) PRINT FULL NAME CORDELL PROCTOR
3. (b) If veteran, name war N/O
3. (c) Social Security No. No.
4. Sex MALE
5. Color or race BLACK
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife LUNIA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. (Month) 8 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	6	hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name WILLIS L. PROCTOR
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
MOTHER 14. Maiden name MARY E. WALKER
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Lemuan W. Proctor
(b) Address Olean, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson Chapel Cemetery
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon
19. (a) 8-16-42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 14 year 1942 hour 6 minute PM. M.
21. I hereby certify that I attended the deceased from Aug 9, 1942 to Aug 14, 1942 that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Arteriosclerosis	2
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. D. Walker (M. D. or other)
Address Eldon Mo. Date signed

1114 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dept.
County File Number 42-65
Date Filed 9/8/44

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 Louis D Phillips, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.