

S. No. 2
M-5-42
7-5-17-39
D I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40191**

LED JAN 11 1943

Registration District No. **28**

Primary Registration District No. **3006-5120**

Registrar's No. **310**

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

024

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia, Mo.**
(c) Name of hospital or institution: **Ellis Fischel State Cancer Hosp. O**
(d) Length of stay: In hospital or institution **4 days**
In this community **4 days**

3. (a) PRINT FULL NAME **JOHN PROUSE**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Della Ford** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **October 17 1883**

8. AGE: Years **59** Months **2** Days **14** If less than one day hr. min.

9. Birthplace **Illinois** (City, town, or county) **1** (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **—**

12. Name **George Prouse**

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

14. Maiden name **Emmie Hopper**

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

16. (a) Informant **John Prouse**

(b) Address **223 2nd Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 1-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Sew**

18. (a) Signature of funeral director **R. Wilcox**

(b) Address **Columbia**

19. (a) **12-31-42** (Date received local registrar) (b) **Edna H. Barlow** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone 10**
(c) City or town **Columbia, Mo. 2**
(d) Street No. **223 2nd Street 4**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **— 0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30** year **1942** hour **11** minute **45** M.

21. I hereby certify that I attended the deceased from **December 26 1942** to **December 30 1942**; that I last saw him alive on **December 30 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Proteogenic Carcinoma with metastases to suprarenal, 2 suprarenal, lymph nodes and liver**
Due to **—**

Due to **—**

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

Major findings: Of operations **—**

Of autopsy **see above**

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 **J. Ackerman** (M. D. or other) **M.D.**

Address **Cancer Hospital Columbia Mo** Date signed **12/21/42**

1250

JAN 19 1943

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: *Rowley*.....

Licensed Embalmer No. *3183*.....

P. O. Address.....

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.