

LED JAN 11 1943

Registration District No. 94

Primary Registration District No. 4055-4061

Registrar's No. 42

1. PLACE OF DEATH:  
 (a) County Caldwell,  
 (b) City or town Braymer,  
 (c) Name of hospital or institution: City of Braymer, 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community all her life, (Specify whether  
 years, months or days)

3. (a) PRINT FULLNAME Amanda C. Proctor,

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

4. Sex Female 5. Color or race White, 6. (a) Single, widowed, divorced, widowed,

6. (b) Name of husband or wife John M. Proctor, 6. (c) Age of husband or wife if alive deceased,

7. Birth date of deceased November, -24th., -1863  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>10</u>	_____hr. _____min.

9. Birthplace Near Mooresville, Mo., (City, town, or county) (State or foreign country)

10. Usual occupation House wife,

11. Industry or business Keeping House,

12. Name William Anderson,

13. Birthplace Do not know (City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Damerall,

(b) Address Ludlow, Mo.,

17. (a) Burial, (b) Date thereof Dec.-6-1942  
 (Burial, \_\_\_\_\_) (Month) (Day) (Year)

(c) Place: burial or cremation Braymer Evergreen Cemetery,

18. (a) Signature of funeral director E. P. Michael

(b) Address Braymer, Mo.

19. (a) Dec 10 - 1942 (b) E. A. Thompson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri, (b) County Caldwell,  
 (c) City or town Braymer,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Milwaukee, (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 4<sup>th</sup>  
 year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 28, 1942, to Dec 4, 1942  
 that I last saw her alive on Dec 3, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo. Carditis  
9/2

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Petrisclerosis  
 (Include pregnancy within 3 months of death)  
Cardinal B Woolsey

Major findings: None  
 Of operations: None  
 Of autopsy: None

Duration Several years  
 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) None  
 (b) Date of occurrence None

(c) Where did injury occur? None  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury None

23. Signature Cardinal B Woolsey (g. D. \_\_\_\_\_)  
 Address Braymer Mo Date signed Dec 5-42

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

13  
000

1151

SEP 24 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  or by  
Gene C. Michael, -----, Registered Apprentice No. 333  
working under my personal supervision.

Signed E. P. Michael  
Licensed Embalmer No. 1363  
P. O. Address Braymer, 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.