

42287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN: 11 1942
Registration District No. 374

Primary Registration District No. 6273

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3 Lehigh Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME John Wesley Proctor

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

4. Sex male 5. Color or Race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ann Scammdorn 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 15, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 25 hr. min.

9. Birthplace Galena, Ill. Jo. Davis County
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business.....

12. Name James Lee Proctor

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

14. Maiden name Ann Turner

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

16. (a) Informant Sarah Ann Proctor

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof Dec. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logan City Cemetery

18. (a) Signature of funeral director John Anderson Jr.
(b) Address Grant City, Mo.

19. (a) Dec. 26, 1942 (b) Arline Scammdorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Grant City, Mo.
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1942 hour 3:00 minute 4 M.

21. I hereby certify that I attended the deceased from Sept. 10, 1942 to Dec. 11, 1942;
that I last saw him alive on Dec. 9, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach 1 1/2
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations.....

Of autopsy no

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?

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

23. Signature St. Paul M.D. (M.D. or other)
Address Grant City, Mo. Date signed 12/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

1104

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.....

John Andrews Jr......, Registered Apprentice No.....
working under my personal supervision.

Signed.....*John Andrews Jr.*
Licensed Embalmer No. *4211*

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.