

No. 2
9-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1943
Registration District No. 54

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5398

State File No. _____
Registrar's No. _____

Primary Registration District No. 4076

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

1. PLACE OF DEATH:
(a) County: Cape
(b) City or town: Dutchtown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cape
(c) City or town: Dutchtown (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Mary Matilda Propst
(b) If veteran, name war: ✓
(c) Social Security No.: ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19 1942
year 43 hour 7:30 minute AM
21. I hereby certify that I attended the deceased from August 1941
to Feb 19 1943
that I last saw him/her on Feb 18 1943
and that death occurred on the date and hour stated above.
Immediate cause of death: Cancer of face
and other infirmities of
old age

4. Sex: Female 5. Color or race: White
6. (b) Name of husband or wife: W. Jeff. Propst
7. Birth date of deceased: Apr 5 1860
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: 13
Of operations _____
Of autopsy _____

8. AGE: Years 82 Months 9 Days 14
If less than one day _____ hr. _____ min.

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 _____

9. Birthplace: Bollinger Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: John Hahn
12. Name: Bollinger Co Mo
13. Birthplace: _____ (City, town, or county) (State or foreign country)
14. Maiden name: Mary Smith
15. Birthplace: Bollinger Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Marian Propst
(b) Address: Millersville Mo
17. (a) Burial (b) Date thereof: 2-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Park Chapel Can. Chh. Co.
18. (a) Signature of funeral director: Displinghoff, Neblard
(b) Address: Chaffee Mo.
19. (a) 2-20-43 (b) A.H. Muecke
(Date received local registrar) (Registrar's signature)

23. Signature: W.W. Davant (M. D. or other) _____
Address: Allenville Mo Date signed: 2/20/43

