

MAY 7 1948

Registration District No. 171

Primary Registration District No. 5-638

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural - Sni-Bar.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi. S.W. Odessa Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 85 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi. S.W. Odessa Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hester Ellen Proctor.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Caleb T. Proctor 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 18 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Pine Village Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife - Retired.

11. Industry or business _____

12. Name Jonathan Stanfield
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Metcalf
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Tora Proctor
(b) Address Odessa Mo
17. (a) Burial (b) Date thereof Apr. 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa Cem.

18. (a) Signature of funeral director Blaine Huns
(b) Address Odessa Mo.
19. (a) May 3 1948 (b) Mrs W.F. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 16 1948 to April 16 1948
that I last saw her alive on April 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
@ Nat. Hosp. of Pa. Duration 17 days

Due to arteriosclerotic vascular disease & hypertension
Due to _____

Other conditions Demility 12/0
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none performed

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) no
(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) Means of injury _____
23. Signature M. Marti (M. D. or other) _____
Address Odessa Mo Date signed 4-17-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-6-43

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 Horace Blumiere

Licensed Embalmer No. 2758

P. O. Address Odessa 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.