

V. S. No. 2
 30M-5-42
 5-17-39
 I X3287

18245

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 22

DECEASED MAY 20 1944

Registration District No. 174 Primary Registration District No. 5644

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

54
 0
 0

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Luxington, Miss.
 (c) Name of hospital or institution: 1 Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Lafayette
 (c) City or town Luxington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 Mrs E.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY DELPHIA PROCK
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1
 year 1943 hour 5 minute 30 A.M.

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Geo Prock
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased March 8 - 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1941, to April 15, 1943,
 that I last saw him alive on March 31, 1943,
 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinoma heart with metastasis lung.
 Duration _____

8. AGE: Years 63 Months 0 Days 23
 If less than one day _____ hr. _____ min.

Due to Basal breast operation 1941 - followed by 4 mo
 Due to _____

9. Birthplace Bates City MO
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Robert J. Dillingham

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

14. Maiden name Adelle E. Eberhart

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

16. (a) Informant Geo Prock

(b) Address Luxington, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, MO

18. (a) Signature of funeral director Winkler

(b) Address Luxington, MO

19. (a) April - 2 - 43 Mrs. G. Schwab (Date received local registrar) (b) _____ (Registrar's signature)

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

Major findings: Of operations _____
 Of autopsy _____
 50

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 Chas. G. ... (M. D. or other) _____
 Address Luxington, MO Date signed 4/5/43

PHYSICIAN
 Underline the cause to which death should be charged statistically.

Revised

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-15-43

NOV 29 1944

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 Garret J. Quimpf
Licensed Embalmer No. 3275
P. O. Address Livingston, 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.