

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1943

Registration District No. 2

Primary Registration District No. 5143

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff Mo
(c) Name of hospital or institution: and Hill Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME J. W. Proctor

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

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased Mar. 28 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 6 22 hr. ✓ min.

9. Birthplace State of Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Willie Frances Proctor

13. Birthplace Missouri State 1

14. Maiden name Elizabeth Frances

15. Birthplace Missouri State 1

16. (a) Informant Lois Jefferson

(b) Address Poplar Bluff Mo 5

17. (a) Burial (b) Date thereof 10/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvel

18. (a) Signature of funeral director Watkins Funeral Service

(b) Address Dexter Mo

19. (a) 11-3-43 (b) Belle Skinnel
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S - 1 mi West of P. B.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1943 hour about 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Burns Duration _____

Due to house burning up

Due to cause unknown

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

Major findings: Of operations 81-1

Of autopsy 15

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) Accident

(b) Date of occurrence Oct. 14, 1943

(c) Where did injury occur? Butler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

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

23. Signature Alfred Nelson Corbow (M.D. or other)

Address Poplar Bluff Mo 2 Date signed 11/3-43

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

12000

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.....

Licensed Embalmer No.....

P. O. Address.....

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.