

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 60-282

Registrar's No. 5229

Registration District No. 149

Primary Registration District No. 1802

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2519 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None.
(Specify whether years, months or days)

In this community 3 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2519 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JOHN W^M PROCTOR

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 43 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from — 19—
that I last saw h. — alive on — 19—
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Col. 6. (a) Single, widowed, married, divorced yes

6. (b) Name of husband or wife Anna Proctor 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased July 26, 1874
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease
Duration —

8. AGE: Years 69 Months 4 Days 12
If less than one day — hr. — min.

Due to 970

Due to —

9. Birthplace Olean Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Carpentry

Major findings: —

11. Industry or business —

Of operations —

Of autopsy Inspection + history

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

12. Name Thomas Proctor

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

14. Maiden name Unknown

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

16. (a) Informant Sylvanus Proctor

(b) Address 2846 Pine St. St. Louis

17. (a) Burial — (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director A. M. Hudson

(b) Address 1513 Probst Ave.

19. (a) 12-11-43 (b) W. E. Brown
(Date received local registrar) (Registrar's Signature)

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 W. E. Brown 3 (M. F. or other) 12/10/43
Address Cen Date signed 12/10/43

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.....

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.