No. 2
—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1608

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 383

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Non-Resident
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Braymer 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ELLSWORTH PROCTOR MICHAEL

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Ma 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Norine Michael

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August (Month) 22 (Day) 1889 (Year)

8. AGE: Years 56 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Braymer (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Funeral Director

11. Industry or business

FATHER
12. Name Wm. Michael
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lucy Proctor
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Norine Michael
(b) Address Braymer, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Mo.

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 1-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 rd day Jan year 1946 hour 7,50 minute a M.

21. I hereby certify that I attended the deceased from 1-20 1, 1946 to 1-23, 1946; that I last saw h alive on 1-22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart failure	
Due to Hypertension with	
Due to Bundle branch block arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy atm 95C	

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address KC MO Date signed 1/23/46

(Licensed Embalmer's Statement on Reverse Side)

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

1134

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.