S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3614

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1946

State File No. 4590

Registration District No. 33 Primary Registration District No. 4044 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community All of Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10

(c) City or town Sturgeon 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)

If yes, name country —

3. (a) PRINT FULL NAME John Henry Proctor

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Proctor

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

7. Birth date of deceased Mar. 26 (Month) 1872 (Day) (Year)

8. AGE: Years 73 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Retired

FATHER
12. Name James Milton Proctor
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ella White
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Margaret Proctor

(b) Address Sturgeon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Horeb Cem.

18. (a) Signature of funeral director Barnes & Boothe

(b) Address Sturgeon, Mo.

19. (a) Feb. 18, 1946 (Date received local registrar) (b) Mary Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1946 hour 2 minute 23 A.M.

21. I hereby certify that I attended the deceased from Aug. 4 1937, 19[illegible], to Feb. 16, 1946 that I last saw him alive on Feb. 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heart — Mitral Insufficiency

Due to Chronic Diabetes Mellitus for past 6 to 8 yrs

Due to

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

Major findings:
Of operations ✓
Of autopsy None 61

Duration

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 ✓ 0

23. Signature D. A. Robinson (M. D. or other) M.D.

Address Sturgeon, Missouri Date signed 2/8/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....A E Booth

Licensed Embalmer No.....4087

P. O. Address.....Sturgeon, 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.