No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5182

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 30

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

4180

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town PACIFIC MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Columbia + Park St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Franklin 3
(c) City or town PACIFIC 2
(If outside city or town limits, write "RURAL")
(d) Street No. Columbia + Park St 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lurena Proctor

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

4. Sex Female 3 | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Proctor 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. 27 1892
(Month) (Day) (Year)

8. AGE: Years 54 | Months 3 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business At Home

FATHER
12. Name Elmore Williams
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hopsie Jones
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant John Proctor
(b) Address Pacific Mo.

17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) 725 146 (b) Mary B. Gross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1st Jan 1946 to 24th Feb 1946
that I last saw her alive on 23rd Feb 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC. MYOCARDITIS DECOMPENSATED. | Duration 27.

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 D B Ecker (M. D. ~~or other~~)
Address Pacific Mo. Date signed 2/25/46

94 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-6-46

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.