

15987

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 13 1946

Registration District No. _____

Primary Registration District No. 5184

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Millersville *Whitewater Twp*
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir. 16

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

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

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Ronald Gary Proctor

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased April 20 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 20, 1946, to _____, 1946;

that I last saw him alive on May 10, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 8 _____ hr. _____ min.

Immediate cause of death Spina Bifida Duration 1 month 8 days

Due to _____

Due to _____

Other conditions 1 month premature
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Cletus E Proctor

13. Birthplace Bollinger County Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Irene Hahn

15. Birthplace Bollinger County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Cletus E Proctor
(b) Address Millersville Mo.

17. (a) Burial (b) Date thereof 5-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leslie Cemetery

18. (a) Signature of funeral director Wilson Stalter Seabough
(b) Address Jackson Mo.

19. (a) 5-31-46 (b) D. S. Lubner
(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 0

23. Signature D. E. Ruff (M. D. or other) MD
Address Jackson Mo. Date signed 5/29/46

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

14073

RECEIVED

District Health Officer No. ⁴.....

District File Number 646-2266.....

Date Filed 6-13-46.....

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.....

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.