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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 25 1946
Registration District No.

Primary Registration District No. 3000

Registrar's No. 199

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

1. PLACE OF DEATH

(a) County Adair

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

(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 4 years, months or days

3. (a) PRINT FULL NAME Charles G. Proctor

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Virginia G. Proctor

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 27 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	17	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Proctor

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

14. Maiden name Hawkins

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

16. (a) Informant Barbara Proctor

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 7-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymond Mo.

18. (a) Signature of funeral director Charles

(b) Address Kahoka Mo.

19. (a) 7-15-46 (b) Kate Lambert
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Kahoka Mo 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1946 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 8, 1946, to July 14, 1946;
that I last saw him alive on July 14, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure 4 days
Duration

Due to Hypertensive heart disease years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harry R. Agnew (M. D. or other) D.O.
Address 100 N. W. 1st St. Kahoka, Mo. Date signed 7-14-46

APR 30 1946

RECEIVED

District Health Officer No. 10

District File Number 7-46-1419

Date JUL 23 1946

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1023

P. O. Address Kohoke 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.