S. No. 2
M—2-43
v. 5-17-39
I X35697

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

21571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22708

State File No.

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 176

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Township
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10

(c) City or town Near Columbia MO
(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 Permelia E Proctor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife J E Proctor

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

7. Birth date of deceased Jan (Month) 14 (Day) 1865 (Year)

8. AGE: Years 81 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo X (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Absalon Stephens
13. Birthplace DK (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Harriett Busch
15. Birthplace Columbia (City, town, or county) Mo (State or foreign country)

16. (a) Informant G. V. Proctor
(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 15 46 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director [illegible]
(b) Address Centralia Mo

19. (a) 7-24-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13 year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 6-24, 1946 to 7-13, 1946 that I last saw her alive on 7-1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Flemonhagin brain Paralysis	6-30 46
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 F B Williams (M. D. or other)

Address Columbia Mo Date signed 7-14-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-18
Date Filed 8-3-46

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 Grover Jennigan

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.