

S. No. 2
1-12-45
5-17-39
I X47039

FILED AUG 27 1946
Registration District No. **77** **Wagona**
Primary Registration District No. **53034**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
25513

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Rural--Jefferson Twnshp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#2, Jefferson City, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charles Propst
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 Lena Propst 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased September 28 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Propst
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Carl W Propst
(b) Address Jefferson City, Missouri

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

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 8-16-46 (Date received local registrar) (b) W. J. Gordon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#2, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 16 year 1946 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 1946 to Aug 16 1946
that I last saw h^e alive on Jan 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension Ess. 2yr
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy GBW
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) (c) Means of injury _____
23. Signature W. Tanigawa (M. D. or other)
Address 1011 W. Ballman St Date signed 8/16/46

RECEIVED
District Health Officer No. 9,
District File Number 8-46-203
Date Filed 8-24-46

JUL 29 1958

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 *Amel L. Jones Jr.*
Licensed Embalmer No. *24112*

P. O. Address *Jefferson City*

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.