

FILED JAN 9 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. 302

1. PLACE OF DEATH:

(a) County... Cole  
(b) City or town... Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
121 E. Elm St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole  
(c) City or town... Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 E. Elm St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME... Caldonia G. Propst

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

4. Sex... Female  
5. Color or race... White  
6. (a) Single, widowed, married, divorced... Single  
6. (b) Name of husband or wife... Henry F.  
6. (c) Age of husband or wife if alive... 68 years  
7. Birth date of deceased... October 28 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace... Osage Bend, Mo. Cole Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business \_\_\_\_\_

12. Name... John C. Harrison  
13. Birthplace... Osage Bend, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name... Caldonia G. Jones  
15. Birthplace... Russellville, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant... Henry P. Propst  
(b) Address... Jefferson City, Mo.  
17. (a) Burial (b) Date thereof... 1/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director... Victor Buescher  
(b) Address... Jefferson City, Mo.

19. (a) 1-3-47 (b) R. P. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Dec day... 30  
year... 1946 hour... 10 minute... 2 M.

21. I hereby certify that I attended the deceased from... 12/30/46  
19... to... 12/30/46  
that I last saw him alive on... 12/30/46  
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary heart disease  
Duration... 4 hr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings:  
Of operations...  
Of autopsy... 94A

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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... [Signature] (D. or other) \_\_\_\_\_  
Address... Jefferson City, Mo. Date signed 12/3/46

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

6  
5  
4

68

~~Date Filed 1-8-47~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

FEB 24 1947

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 Victor Busch

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.