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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4232

FILED MAR 5 1947

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Commerce Rural  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Mandy Lula Proctor

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife R. S. Proctor

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

7. Birth date of deceased January 20th 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>1</u>	<u>3</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER { 12. Name Calvin Nanney

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

MOTHER FATHER { 14. Maiden name Mandy Estes

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

16. (a) Informant Mr. R. S. Proctor

(b) Address Commerce Mo R#1

17. (a) Burial (b) Date thereof 2/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leslie Cen. Burfordville, Mo

18. (a) Signature of funeral director W. H. ...

(b) Address Charleston Mo

19. (a) 2-23-1947 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1947 hour 5 minute 35 PM.

21. I hereby certify that I attended the deceased from 2/11 to 2/23, 1947  
that I last saw h... alive on ... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC DISEASE

Due to ...

Due to ...

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

Major findings:  
Of operations 46E

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 at death (M. D. or other) M.D.  
Address Cape Girardeau Date signed 2/29/47

RECEIVED

Health Officer No. 4  
File Number 247-317  
3-4-47

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15  
261

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 John P. Munnelle Jr  
Licensed Embalmer No 3851  
P. O. Address Charleston, 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.