

3. No. 2  
-12-45  
5-17-39  
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5724  
Registrar's No. 6

FILED MAR 14 1947  
Registration District No. 277

Primary Registration District No. 5948

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution Home  
(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 Pike 82

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

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ANNIE PROTE

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28  
year 1947 hour 11 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from June 1942  
19 \_\_\_\_\_ to Feb. 28 1947  
that I last saw her alive on Feb. 28 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph Prote

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

7. Birth date of deceased Dec 10 1890  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Cardio-renal vascular disease

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

Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

Major findings: Of operations none

Of autopsy none 937

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Henry Albers 4

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

14. Maiden name Anna Goetz 4

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Nellie Prote

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof Mar. 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clement

18. (a) Signature of funeral director James Bankhead

(b) Address Bowling Green MO

19. (a) 3/8/47 (b) Bill Robinson  
(Date received local registrar) (Registrar's signature)

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

23. Signature Eugene Thompson (M. D. or other) \_\_\_\_\_

Address Bowling Green, Mo Date signed 3/11/47

254

JAN 6 1947

RECEIVED  
District Health Officer No. 10  
District Health Officer No. 3-47-509  
MAR 12 1947  
Dist.

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 Lance M. Benfield

Licensed Embalmer No. 2204

P. O. Address Bowling Green Md

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.