FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12923

Registration District No. FILED MAY 7 1947

Primary Registration District No. 5304

Registrar's No. 103

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

1. PLACE OF DEATH:
(a) County Cole Orage Twp
(b) City or town Jefferson City RED 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nearer Honey Creek Church 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Nearer Honey Creek Church Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 4 Jefferson City Mo
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Hilda Mary Propst
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb 15 1891 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Honey Creek Cole Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business .....
12. Name William Propst
13. Birthplace Honey Creek Cole Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Annie Goetz
15. Birthplace Honey Creek Cole Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs John Cassmeyer
(b) Address Jefferson City, Mo R 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Honey Creek Cem
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 4-30-47 (Date received local registrar) (b) R. S. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1947 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1947 to April 28 1947 that I last saw her alive on April 27, 1946 19 ..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma cancer	Bmo
Due to: Primary site gall bladder	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Ivan A. Darlen (M. D. or other) MD
Address Jefferson City Date signed 4-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-6-42

MAY 14 1947

MAY 7 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 Buesche

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.

JEFFERSON CITY, MO., _____, 194____

IN ACCOUNT WITH

DR. LEON A. TAYLOR

MILLER BUILDING

FFICE PHONE 808 RESIDENCE PHONE 232

TO PROFESSIONAL SERVICES

TO WHOM IT MAY CONCERN:

The figure in medical certification no. 21 should be 1947 instead of 1941.

Leon A. Taylor, M. D.

Leon A Taylor

CRIBED AND SWORN TO BEFORE ME THIS 13TH DAY OF 1947

Ellis Meyer

NOTARY PUBLIC.

mmission Expires Aug. 29, 1949

ITEMS CAN BE SEEN BY CALLING AT OFFICE

RECEIVED PAYMENT _____

COMMERCIAL PRINTING CO.

12923