No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1947

Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23374

Primary Registration District No. 3006

Registrar's No. 213

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

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

In this community: 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 603 N. 8th St.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MARY ELIZABETH PROCTOR

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles E. Proctor

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

7. Birth date of deceased: 12 (Month) - 24 (Day) - 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	13	hr. min.

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

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Daniel Lyon

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

14. Maiden name: Elizabeth Morton

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

16. (a) Informant: L. T. Proctor

(b) Address: Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Parker Funeral Home

(b) Address: Columbia, Mo.

19. (a) 8-8-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 7 year: 1947 hour: 3 minute: 45 P.M.

21. I hereby certify that I attended the deceased from 1941, 1941, to Aug. 7, 1947 that I last saw her alive on Aug. 6, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic Nephritis	
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: Robert H. Simpson M.D. (M.D. or other)

Address: Columbia Mo. Date signed: 8-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 13 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 Thos L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia 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.