

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35219

FILED NOV 6 1947

Registration District No. 273

Primary Registration District No. 5913

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Perry Belgique  
(b) City or town Belgique  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Perry 79  
(c) City or town Belgique  
(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 Alfred Francis Proast

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widower Widower

6. (b) Name of husband or wife Cora Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 4, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 0 5 hr. min.

9. Birthplace: Perry County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name Alban Proast

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

14. Maiden name Josephine

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

16. (a) Informant Mrs. Les Modde

(b) Address Belgique, Mo.

17. (a) Crasston, Mo. (b) Date thereof 10-12-1947  
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or exhumation Crasston, Mo.

18. (a) Signature of funeral director Wey Funeral Home

(b) Address Perryville, Mo.

19. (a) Oct 11 1947 (b) Joe J. Wellman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th  
year 1947 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Cardiac failure Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Natural  
(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 Chas. W. Wellman (M. D. or other) Do.  
Address Perryville Date signed 10/11/47

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

(Licensed Embalmer's Statement on Reverse Side)

REGISTRAR OF PERRY COUNTY, MO.

57

11-5-47

RECEIVED

District Health Officer No. 4

District File Number 1147-1407

Date Filed 11-5-47

*[Faint handwritten notes]*

**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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Devilsville, 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.

*[Faint handwritten notes]*