

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37846
Registrar's No. 07 Fusan

FILED NOV 25 1947
Registration District No. 1947

Primary Registration District No. 3021

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

1. PLACE OF DEATH

(a) County Grundy

(b) City or town Meriton
(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 Missouri (b) County Grundy ⁴⁰

(c) City or town Meriton ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 916 Washington ²
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HALLIE PROTHERO

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 71 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Sam Prothers

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

7. Birth date of deceased June 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 2 11 hr. 0 min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Dyer

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

14. Maiden name Nancy Reif

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

16. (a) Informant Sam Prothers

(b) Address 916 Washington

17. (a) Burial (b) Date thereof 8/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St of P Leometry

18. (a) Signature of funeral director Meriton, Mo.

(b) Address _____

19. (a) 8-15-47 (b) F. E. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1947 hour 11 minute 30 pm

21. I hereby certify that I attended the deceased from Aug 12 1947 to Aug 12 1947

that I last saw her alive on Aug 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes Duration _____
Hot Spasm
but Exact Cause not known

Due to Arteriosclerosis and
Dementia

Due to _____

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

Major findings:
Of operations _____

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 0

23. Signature Wm Fusan (M. D. or other) and
Address Meriton Mo Date signed 8-15-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Edward Gibson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Edward Gibson

Licensed Embalmer No.....*3109*

P. O. Address.....*Reutan, 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.