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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40081

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10550

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 weeks (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Washington
(c) City or town: Potosi
(If outside city or town limits, write "RURAL")
(d) Street No.: N.R. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Edna U. Proctor
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fe
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lawerance Proctor
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: May 10 (Month) — (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	6	2	hr. min.

9. Birthplace: Washington County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Benson
13. Birthplace: Washington (City, town, or county) (State or foreign country)
14. Maiden name: Ida Hays
15. Birthplace: Washington County (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Lawerance Proctor
(b) Address: Potosi, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Ceme- Potosi, Mo
18. (a) Signature of funeral director: Sparks
(b) Address: Potosi, Mo
19. (a) NOV 17 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 12 Th year: 1947 hour: 9:38 minute: P.M.
21. I hereby certify that I attended the deceased from Aug. 22, 1947 to Nov 12, 1947 that I last saw him alive on Nov 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pelvic Colon	Don't Know
Due to: Cause Not Known	
Due to:	
Other conditions: Metastasis To Liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Carcinoma of Pelvic Colon Metastasis to Liver
Of autopsy: none

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? Means of injury:
23. Signature: John D Hayward (M. D. or other)
Address: Metropolitan Bldg Date signed: 11/14/47

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

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 Murphy L Spurlock

Licensed Embalmer No. 4236

P. O. Address Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.