No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40880

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 325

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

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: 702 Highway 40 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10
(a) State Missouri (b) County Boone 0
(c) City or town Harrisburg
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EULA MAE SCHOOLEY
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 - 27 - 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	4	26	hr. min.

9. Birthplace Boone County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name George W. Proctor
13. Birthplace Boone County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Margaret Sims
15. Birthplace Boone County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Proctor
(b) Address Harrisburg, Mo.
17. (a) Burial (b) Date thereof 12-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Red Rock Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 12-27-47 (b) Mrs R E Palmer 3
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1947 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from
3, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Multiple Burns and Suffocation
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Died of burns
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) Accident 118
(b) Date of occurrence Dec 23-1947
(c) Where did injury occur? Columbia Boone Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rooming House (Public)
(Specify type of place)
While at work? (e) Means of injury
23. Signature E Ward Coroner 3
(Title or other)
Address Columbia Mo Date signed Dec 24/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/27/48

JAN 16 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Chas L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, Pa

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.