FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 8 1948

State File No. 9754

Registration District No. 278 — Primary Registration District No. ~~[illegible]~~ 5953 — Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (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: Pike 82
(c) City or town: Louisiana Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Walter S Protzman
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male 0
5. Color or race: White
6. (a) ~~Single~~, widowed, married, ~~divorced~~ 1
6. (b) Name of husband or wife: Blanche Protzman
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June (Month) 17 (Day) 1873 (Year)

8. AGE: Years 74 ~~75~~ Months 8 ~~7~~ Days 17 ~~14~~ If less than one day ..... hr. ..... min.
9. Birthplace: Kittanning (City, town, or county) Penna (State or foreign country)
10. Usual occupation: Retired Mail Clerk R.R.
11. Industry or business: 1
12. Name: Conrad Protzman
13. Birthplace: Hesser Casser (City, town, or county) Germany (State or foreign country)
14. Maiden name: Dont Know
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. W. S. Protzman
(b) Address: Louisiana Mo RR #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bowling Green Mo
18. (a) Signature of funeral director: Grace Bonfuhead
(b) Address: Bowling Green Mo
19. (a) 3/11/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 2711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1948 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from June 6, 1936 to Mar 4, 1948; that I last saw him alive on March 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Arterio-sclerosis	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
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? ..... (e) Means of injury: 0
23. Signature: Eugene Dorrymore (M. D. ~~or other~~)
Address: Bowling Green, Mo Date signed: 3/11/48

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

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

Cou by off Hx State

JUL 6 1948

JUN 24 1948

APR 8 1948
RECEIVED
District Health Officer No. 19
District File Number 4-48-66
Date Filed APR -7 1948

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 Harold C. Kirk, Registered Apprentice No. 4, working under my personal supervision.

Signed Grace M. Dunhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of PIKE }

State File No. 97[illegible]
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3d day of JULY, 1948, before me appears MRS WALTER (BLANCHE) PROTZMAN, who, upon her oath, states that the original record of ~~birth~~ death for WALTER S. PROTZMAN died ~~born~~ MARCH 4th, 1948, in the State of Missouri, and which was filed at REGISTRATION DIST 278 on APRIL 8, 1948, should be corrected as follows:

Item No. 7 should read JUNE 17 1873
Instead of JUNE 17-1872
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Walter (Blanche) Protzman
Relationship. WIDOW of DECEASED

MRS WALTER S. PROTZMAN
Present Address. ROUTE #1 LOUISIANA, MISSOURI.

Subscribed and sworn to before me this 3d day of July, 1948

My Commission expires AUGUST 15 1951 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-8-42
I X33820

S-9754