

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAR 24 1949 STANDARD CERTIFICATE OF DEATH

7762

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5389 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>2J</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Gallatin</u> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural</u> )	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS <u>1 mile North of North Kansas City Mo. On #1 highway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 487 North Kansas MO.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>David</u> c. (Last) <u>Procter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single Never</u>	8. DATE OF BIRTH <u>June 15 1934</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months <u>X</u>	Hours <u>X</u> Min. <u>X</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>North Kansas City</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harry Daniel Procter Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Davis</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry Daniel Procter Jr.</u>	ADDRESS <u>N.K.C.</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted (accidental)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ADDITIONAL INFORMATION <u>E 417 13</u> <u>2</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2J</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.S. Pate, M.D. Coroner</u>	23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>3/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 15 - 1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>	ADDRESS <u>North Kansas City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-22-49

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

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Theron O Smith*

Licensed Embalmer No.

3928

P. O. Address

*Wath Kansas*

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.