

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37159

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 1966

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 4X					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. LENGTH OF STAY (In this place) 6 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 616 E. 8 St. 13 30 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3. NAME OF DECEASED a. (First) Ronald b. (Middle) Eugene c. (Last) Proctor					
4. DATE OF DEATH 11 21 1949		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH 11 21 1949		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Male 1/1		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH Sept. 20 1943			
9. AGE (In years last birthday) 6 Yrs		10. UNDER 1 YEAR Months		10. UNDER 24 HRS. Hours		10. UNDER 24 HRS. Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Child				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Raymond R. Proctor				13b. MOTHER'S MAIDEN NAME Evelyn H. Moore		14. NAME OF HUSBAND OR WIFE Child			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond R. Proctor Kansas City, Mo					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured appendix  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5501				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 20, 1949, to Nov. 21, 1949, that I last saw the deceased alive on Nov. 21, 1949, and that death occurred at 10:15A m., from the causes and on the date stated above.									
23a. SIGNATURE Wm. W. Hart (Degree or title) Wm. W. Hart M.D.				23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 11-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23 1949		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 11-22-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Kansas City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

*In Memoriam*

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *John Clark* \_\_\_\_\_  
Licensed Embalmer No. *4216* \_\_\_\_\_

P. O. Address *A. C. 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.