

FILED FEB 4 1944

Registration District No.

Primary Registration District No. 3-0-17 53 #4

Registrar's No. 2-

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

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE (R.F.D.)
(c) Name of hospital or institution: 4 MILES EAST /
(d) Length of stay: In hospital or institution TWO YEARS
In this community TWO YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE (RURAL)
(d) Street No. 4 MILES EAST
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MRS EVA M. PROCTOR

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN J. PROCTOR 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased OCTOBER 24 1877

8. AGE: Years 66 Months 2 Days 7 If less than one day hr. min.

9. Birthplace WILMINGTON ILLINOIS

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name ORLANDO E. ROWE

13. Birthplace MICHIGAN

14. Maiden name FRANCES SPENCER

15. Birthplace MICHIGAN

16. (a) Informant JOHN J. PROCTOR

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof Jan-4-44

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Jan-4-44 (b) Dr. Chas. Swap.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 31 year 1943 hour 9:50 minute P.M.

21. I hereby certify that I attended the deceased from July 1943 to Dec 31 1943 that I last saw her alive on Dec 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
Due to myocarditis and hypertension

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) none
Major findings: Of operations none
Of autopsy none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. E. Beckett M.D. (Specify type of place) While at work? (e) Means of injury
Address Boonville, Mo Date signed Jan 3-44

1088

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-2-14

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..... *James W. Stegner*.....
Licensed Embalmer No. *3780*
P. O. Address..... *Boonville, 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.