

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15582

State File No. \_\_\_\_\_

**FILED JUN 14 1946**

Primary Registration District No. 3000

Registrar's No. 143

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grime - Smith Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 6 hrs  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days Adair

3. (a) PRINT FULL NAME ROY PROSSER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 480-146440

4. Sex M ( )

5. Color or race Wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie Frances Prosser

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August 18 1902  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Knox County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation mechanic

11. Industry or business \_\_\_\_\_

12. Name Henry Prosser

13. Birthplace Knox County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Walters

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Prosser

(b) Address Edina, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof May 6 - 46  
(Month) (Day) (Year)

(c) Place: burial or cremation Harmon Hill, Knox Co.

18. (a) Signature of funeral director Paul Hudson

(b) Address Edina, Mo

19. (a) 5-15-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Edina  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH: Month May day 4<sup>th</sup>  
year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by car driven by Dudley Martin, on Highway #63, 1 mile south of Kirkville, Mo. Died 6 hrs after accident.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 110

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 174

(b) Date of occurrence May 3<sup>rd</sup> 1946

(c) Where did injury occur? Kirkville Adair Mo.  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Fogler P. Enley (M. D. or other) Enley

Address Bonham Mo. Date signed 5-4-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

211-34-32

RECEIVED

District Health Officer No. 10

District File Number 6-46-1206

Date Filed JUN 13 1946

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 *Keith Hudson*

Licensed Embalmer No. 2415

P. O. Address *Edina, Missou*

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.