

S. No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5480**  
Registrar's No. **13**

FILED MAR 3 1947

Registration District No. **210** Primary Registration District No. **4322**

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

1. PLACE OF DEATH:  
(a) County **Mercer**  
(b) City or town **Princeton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Axtell Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 hours**  
(Specify whether years, months or days)  
In this community **3 Months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Putnam**  
(c) City or town **Lucerne**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Flora B. Propps**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **7** year **1947** hour **7** minute **40A** M.  
21. I hereby certify that I attended the deceased from **2-6-** 19 **47** to **2-7-** 19 **47**  
that I last saw h. **er** alive on **Feb. 7** 19 **47**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 24 1870**  
(Month) (Day) (Year)

Immediate cause of death **chronic myocarditis and myocardial degeneration**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**76** **10** **13** hr. \_\_\_\_\_ min.

9. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

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

12. Name **William Smith**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Unknown**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mattie E. Halstead**  
(b) Address **524 S. Colo. St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **2-9-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lucerne Ceme.**

18. (a) Signature of funeral director **Martin Funeral Home**  
(b) Address **Princeton, Mo.**

19. (a) **2-7-47** (b) **Evan Martin**  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **H.E. Snyder** (M. D. or other) **D.O.**  
Address **Princeton, Missouri** Date signed **2-7-47**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**93D**

196

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

*R. J. ...*

Licensed Embalmer No. ....

*3760*

P. O. Address.....

*Princeton, 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.