

FILED APR 23 1947

Registration District No. **371**

Primary Registration District No. **4541**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Webster**
(b) City or town **Fordland**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 1/2 yrs**
In this community **3 1/2 yrs**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Webster 1/2**
(c) City or town **Fordland**
(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

John Wittson Procter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (b) Name of husband or wife **Clara** 6. (a) Single, widowed, married, divorced **married**
6. (c) Age of husband or wife if alive **65** years (Day) (Year)

7. Birth date of deceased **Dec 7 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **1** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Richard W. Procter**

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

14. Maiden name **Delphia Barnard**

15. Birthplace **Ill 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Procter**
(b) Address **Chadwick Mo**

17. (a) **Burial** (b) Date thereof **April 12 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Linley Ceme**

18. (a) Signature of funeral director **Wiley - Farrell Bergma**
(b) Address **Fordland Mo**

19. (a) **4-17-47** (b) **Lester W. Good**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**
year **1947** hour **3** minute **50** a.m.

21. I hereby certify that I attended the deceased from **May Second** 19**45** to **April 9** 19**47**.
that I last saw him alive on **April 8** 19**47**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Hypertension**

Due to **arterio-sclerosis**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **No operation**

Of autopsy **No autopsy**

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?
(Specify type of place) _____

While at work? _____ (e) Means of injury **2**

23. Signature **L. P. Schultz** (M. D. or other) **DO**

Address **Fordland Mo** Date signed **4/12/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 447-494

Date Filed APR 22 1947

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.