No. 2
5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17025

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 11

1. PLACE OF DEATH: Frankilin
(a) County Sullivan
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 26 Elmont Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. 26 Elmont Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dolly Belle Proctor
3. (b) If veteran, name war 1st world war
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. Carter A. Proctor
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Aug (Month) 5 (Day) 1885 (Year)

8. AGE: Years 61 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Sullivan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name Louis Schmitt
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Laura Rommelman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Dr. C. A. Proctor
(b) Address Sullivan Mo.
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof May 17, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Thomas Shaffer
(b) Address Sullivan Mo.
19. (a) 5-17-47 (Date received local registrar) (b) C. A. Proctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 1:00 minute A M.
21. I hereby certify that I attended the deceased from Sept, 1946, to May 15 1947, that I last saw her alive on May 4, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis of inferior vena cava	2 wks
Due to Carcinoma of liver and lungs	1 year
Due to Carcinoma of breast	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

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

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

23. Signature Chas. H. Eyermann (M. D. or other)
Address 1102-634 N. Grand St. Louis Mo. Date signed 5/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-21-47

MAY 28 1947

MAR 23 1954

FEB 14 1955

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 [illegible]

Licensed Embalmer No. 4 [illegible]

P. O. Address.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17025-47

State of Missouri
City ~~County~~ of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 28 day of June, 1947, before me appears Charles H. Eyermann, M. D., who, upon his oath, states that the original record of ~~birth~~ death for Dolly Belle Proctor died ~~born~~ May 15, 1947, in the State of Missouri, and which was filed at Jefferson City, Mo. on May 15, 1947, should be corrected as follows:

Item No. "Due to" should read Carcinoma of liver, probable

Instead of Carcinoma of liver and lungs.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chas H Eyermann MD

Relationship.

1102-634 N Grand - St Louis 3 Mo

Present Address.

Subscribed and sworn to before me this 28 day of June, 1947

My Commission expires February 18, 1951.

Jean Weyrich Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 133
10M-8-42
I X33820

JUL 1 1949

State of Mo
County of Franklin } ss.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17025

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 11

On this 18 day of July, 1947, before me appears _____, who, upon _____ oath, states that the original record of birth/death for Dolly Belle Proctor died/born 5-15-, 1947, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read Aug 5 - 1885
Instead of aug 5 1884

Item No. 8 should read
Instead of 61 - 9-10

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C A Proctor - Husband
Relationship.

Sullivan - Mo
Present Address.

Subscribed and sworn to before me this 18 day of July, 1947.

My Commission expires Jan 22 1950 Tracy R Shoop Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

...n V. S. 135
...10M-8-42
...I X33820