

S. No. 2
M-8-43
v. 5-17-39
I X37823

34953

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 29 1947

Registration District No. ~~393~~ 393

Primary Registration District No. 56.55

Registrar's No. ~~8~~

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town St. Vrain Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Smith Hosp. Residence Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
(Specify whether _____)

In this community Native
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town So. Shenfield Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Smith Hosp. Rural 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nonnie Mottie Proter

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1947 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12-23
1946 3-3 1947
that I last saw h alive on 3-3-47
and that death occurred on the date and hour stated above. 1947

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased 12-23-1869
(Month) (Day) (Year)

Immediate cause of death Heart Beat

Due to Mitral insufficiency

Due to _____

8. AGE: Years Months Days If less than one day

77 2 28 hr. min.

9. Birthplace Lawrence Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hugh Lawson Hill

13. Birthplace McMinville Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Day

15. Birthplace Liberty Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Billy Proter

(b) Address St. Vrain Mo.

17. (a) Rural (b) Date thereof 3-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shilo

18. (a) Signature of funeral director Mary Ann Heiman

(b) Address Miller Mo.

19. (a) 3-2-47 (b) W. S. Bursey
(Date received local Registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92 B

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature W. S. Bursey (M. D. or other) 47

Address Miller, Mo. Date signed 3-13-

(Licensed Embalmer's Statement on Reverse Side)

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

5
0
0

X

RECEIVED

District Health Officer No. 6,

District File Number 1047-112

Date Filed OCT 27 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

E. R. Lerner

Licensed Embalmer No.

3297

P. O. Address

Miller 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.