

FILED JAN 9 1946

Registration District No. **296**

Primary Registration District No. **4444**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Camden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
 (c) City or town Camden
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Ida Slater Procter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eldridge Procter 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 22 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
 { 12. Name Jerry Crowley
 18. Birthplace Vibbard Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Lucinda Holman
 15. Birthplace Vibbard Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eldridge Procter
 (b) Address Camden Mo.

17. (a) Burial (b) Date thereof Dec 23
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craven Semetary

18. (a) Signature of funeral director B. W. Stovall
 (b) Address Orriok, Mo.

19. (a) 12/28/45 (b) Ida J. Larkin
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 1945
 year 10.25 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from Oct 9/45, 1945, to Dec 21, 1945
 that I last saw her alive on Dec 21, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
 Due to Chronic Nephritis

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations MI
 Of autopsy _____
 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 Ida J. Larkin (M. D. or other) P.O.
 Address Orriok Mo Date signed 12/28/45

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

Rev. 5-17-33
1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-46

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 J. E. Broadhurst

Licensed Embalmer No. 2171

P. O. Address Rayville

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, above space should be left blank.