

FILED NOV 26 1946
Registration District No. _____

Primary Registration District No. 5-9-0-2 4141

Registrar's No. 18

1. PLACE OF DEATH:

(a) County... Cole Co

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

(c) Name of hospital or institution:
Centertown, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
(Specify whether)

In this community... Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole

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

(d) Street No... Centertown, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eddie Propst

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 18 day 1946
year _____ hour 5 minute 10 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased NOV 17 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 17, 1946, to Nov 18, 1946;
that I last saw him alive on Nov 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
(7 mos.)

8. AGE:	Years	Months	Days	If less than one day
				<u>9</u> hr. <u>15</u> min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Victor Propst

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

14. Maiden name Mary Reeves

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

Major findings:
Of operations 159

Of autopsy _____

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

16. (a) Informant Victor Propst

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof NOV. 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Cent.

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? _____

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Nov. 18 (b) hus. Minnie Nettumeyer
(Date received local registrar) (Registrar's signature)

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

23. Signature Boyerfeld (M. D. or other) PP
Address Centertown Mo Date signed 11/18/46

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

35250

6

26
0
0
0

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 11-25-46

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.