

FILED NOV 26 1946

Registration District No. 19

Primary Registration District No. 53-02 4141

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole Co

(b) City or town Centertown, Mo. Marion
(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.....
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 21

(c) City or town Centerown, 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 Jimmie Propst

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

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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 46 hour 10:30 minute 0 M.

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

Immediate cause of death premature birth (7mo)

8. AGE: Years Months Days If less than one day
2 hr. 30 min.

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

Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 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)

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 Cem.

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

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

Major findings: Of operations..... 159

Of 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?.....

While at work?..... (Specify type of place) (e). Means of injury 2

23. Signature R. H. [unclear] (M. D. or other) RD
Address Centertown Date signed 11/17/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
0
5

3322

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11-25-76

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.