

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 19 1942

Registration District No. 06Primary Registration District No. 4038Registrar's No. 9

## 1. PLACE OF DEATH:

- (a) County Bollinger  
 (b) City or town Lutesville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community entire life  
 years, months or days)

3. (a) PRINT FULL NAME, Sarah Elisabeth Proffert

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 Married6. (b) Name of husband or wife Kendall Euse Proffert 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased April 22 1894  
(Month) (Day) (Year)8. AGE: Years 48 Months — Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Bollinger County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Edward Kinder13. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Mary Ann Kenturf15. Birthplace Cape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature K. E. Proffert(b) Address Lutesville Mo.17. (a) Burial (b) Date thereof 5/7/42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hahn's Chapel18. (a) Signature of funeral director John A. Brown(b) Address Lutesville Mo.19. (a) 5-9-42 (b) Miss Geneva Graham  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Bollinger  
 (c) City or town Lutesville  
 (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.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from 5/1/42  
\_\_\_\_\_, 19\_\_\_\_, to 5/4/42, 19\_\_\_\_;that I last saw her alive on 5/4/42  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral decompensationDue to Malignant brain tumor  
in cortex

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 54

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature John A. Brown (M. D. or other) \_\_\_\_\_Address Lutesville Date signed 5/7/42

RECEIVED

District Health Officer No. 4

District File Number 642-797

Date Filed 6-16-42

---

---

**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.....

*Glen Wilson*

Licensed Embalmer No.....

2828

P. O. Address.....

*Jacksonville*

**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.**