

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12430
 Registrar's No. 26

FILED MAY 7 1947
 Registration District No. 32

Primary Registration District No. 4042

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

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: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPHENE ROSS PROFFER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 3 / 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elvis proffer
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Jan. 26 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Hurf

11. Industry or business _____

12. Name Daines Nuckels

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

14. Maiden name Rebecca Wills

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

16. (a) Informant Mrs. Della H. Gherstreich

(b) Address 4203 Ledue St. - St. Louis, Mo.

17. (a) Burial (b) Date thereof April 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hahn's Chapel

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

(b) Address Apr Lutesville, Mo.

19. (a) Apr 26 47 (b) Marie Vandenberg
(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) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 19th
 year 1947 hour 1:00 minute 15 A. M.

21. I hereby certify that I attended the deceased from Apr 14
2 to 47 April 1947 1947

that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 2 yrs.
Hyper tension

Due to Senility

Due to _____

Other conditions 46E
(Include pregnancy within 3 months of death)

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 D. S. Tammper (M. D. number) _____

Address Lutesville Mo Date signed 5/21/47

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

MAY 20 1947

RECEIVED

District Health Officer No. 4
District File Number 547-644
Date Filed 5-6-47

MAY 7 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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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. -