

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23837

FILED JUL 30 1947

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

In this community About 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin 35

(c) City or town Kennett 2
(If outside city or town limits, write "RURAL.")

(d) Street No. 107 W. Harrison 2
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Josie Proffer

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 9 minute 45.0 M.

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife J. H. Proffer Deceased

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

7. Birth date of deceased March 25 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June twenty third 1947 to July 11th 1947
that I last saw her alive on July 11th 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 3 16 hr. _____ min.

Immediate cause of death Myocardial infarction

Duration _____

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

Due to _____

Due to _____

10. Usual occupation Housewife Retired

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

MOTHER FATHER

11. Industry or business _____

12. Name W. J. Gray 9

13. Birthplace Douglas 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Deann 9

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

Major findings: none

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bill Pearson

(b) Address Kennett R-#1

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? _____

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Carl Hubert

(b) Address Kennett MO 770

19. (a) 7-25-1947 (b) Carl Hubert
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature Glean H. Christman M. D. or other D.O.

Address Kennett MO Date signed 7-25-47

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

RECEIVED

District Health Office No. 2,

District File Number 747-1035

Date Filed 2-28-47

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 Edgar Reed Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.