

No. 2
-12-45
5-17-39
PI X47070

FILED DEC 22 1947

Registration District No. **2**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 days**
(Specify whether years, months or days)

In this community **14 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**

(c) City or town **Platte City**
(If outside city or town limits, write "RURAL")

(d) Street No. **"** (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **OSCAR PROFFITT**

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 **Widowed**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **6-5-1871**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **12**
year **1947** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **11-28-1947** to **12-12-1947**
that I last saw him alive on **12-12-1947**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
✓ 76	6	7	hr. min.

Immediate cause of death **myocarditis**

Due to **arterio-sclerosis**

Due to _____

Other conditions **Psychosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Dearborn Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Agriculture**

12. Name **Joseph Proffitt**

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

14. Maiden name **Unknown**

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

Major findings:
Of operations _____

Of autopsy **93B**

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

16. (a) Informant **Ernest Proffitt**

(b) Address **Creudan Point Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **DEC 14 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Pleasant - old frame**

18. (a) Signature of funeral director **Doris Mortuary**

(b) Address **Dearborn Mo**

19. (a) **12-17-47** (Date received local registrar)

(b) **G. C. Jenkins** (Registrar's signature)

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 **Harnett Thomas** (M. D. or other) _____

Address **State Hospital No. 2** Date signed **12-12-47**

(Licensed Embalmer's Statement on Reverse Side) **Morroway O.D.**

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

MOTHER FATHER

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.