

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

22644

Registration District No. 744

Primary Registration District No. 59760

Registrar's No. 63

1. PLACE OF DEATH:

- (a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at his home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)
In this community all his life

3. (a) PRINT FULL NAME Edward P. Proffitt

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Viola Proffitt 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 5 If less than one day hr. min.

9. Birthplace not known (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Proffitt
18. Birthplace Rich. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Proffitt
15. Birthplace Marysville, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola Proffitt
(b) Address Richmond, Mo.

17. (a) South Point (b) Date thereof July 4 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond, Mo.

19. (a) July 4 - 1940 (b) Male Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ray
(c) City or town Burial
(If outside city or town limits, write "RURAL")
(d) Street No. South Point Cem. Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Feb. 15, 1940 to June 30, 1940
that I last saw him alive on June 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Diabetes Mellitus

Due to 54
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically

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?

23. Signature Edw. G. Gainer (M. D. or other) M.D.
Address Richmond, Mo. Date signed 7-2-40

RECEIVED
District Health Officer No. 8,
District File Number
7-15-40
Date filed

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.....

J B Brothers
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Brothers Funeral Home

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, above space should be left blank.