

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

Rev. 5-17-39
U. S. I. 11-15-11

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

25300

State File No. _____

Registration District No. 372

Primary Registration District No. 4213

Registrar's No. 1048

1. PLACE OF DEATH:

(a) County Holt
(b) City or town BIGELOW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community 613

8. (a) PRINT FULL NAME MRS. MARY PROFFITT

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex FEMALE 5. Color or race W
6. (b) Name of husband or wife GEORGE PROFFITT 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased APRIL 23 - 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 0 If less than one day hr. min.

9. Birthplace UNKNOWN N. YORK
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name XX KENNICUTT
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN U
15. Birthplace UNKNOWN U
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Beela Ernest Bigelow MD
(b) Address Fillmore
17. (a) Fillmore (b) Date thereof 7-24-1940
(Burial, exhumation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore
18. (a) Signature of funeral director J. Forest Urburn
(b) Address 3 Swanpat
19. (a) 7-24-40 (b) Jenny
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt Co
(c) City or town Bigelow mo
(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 July day 23 1940
year _____ hour 12 minute 152 M.

21. I hereby certify that I attended the deceased from June 10, 1940 to July 23, 1940
that I last saw him alive on July 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Due to _____
Due to _____

Other conditions 410
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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? 333
(Specify type of place) (e) Means of injury ✓

23. Signature MD (M. D. or other) MD
Address Fillmore Date signed 7-25-40

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

Frederick Terhune, Registered Apprentice No. 1239
working under my personal supervision.

Signed

Frederick Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah Ga

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.