

No. 2
13-40
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39942

X23159
FILED

DEC 11 1940
Registration District No. 840

Prima ⁵²⁰ Registration District No. 6102

Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Duck Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

3. (a) PRINT FULL NAME: Martha Egan Proffer

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

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: Mrs. Jack Proffer 6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Sept 10-1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>		<u>21</u>	hr. _____ min. _____

9. Birthplace: Cape County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: _____

12. Name: Bill Collins

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

14. Maiden name: Bessie Pae

15. Birthplace: Cape Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Henry Proffer

(b) Address: Capt. Proffer, Mo.

17. (a) _____ (b) Date thereof: 10-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Dogwood Cem.

18. (a) Signature of funeral director: Sheehy Undertaking

(b) Address: East Branch, Mo.

19. (a) 11-20-1940 (b) Demaris Bryant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Duck Creek Township
(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 10, day 1, year 1940 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from Feb. 1939 to Feb. 1939.
that I last saw him alive on February, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration _____

Due to: 94B

Other conditions: High blood pressure
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: _____
Of autopsy: none

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) no
(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? no

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: Dr. John N. Newbill
Address: Public, Mo. Date signed _____

RECEIVED

District Health Officer No 2

District File Number 1240-173

Date Filed 12/3/40

*and
I have kept
copies*

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

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, fact should be so stated above.