

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13332

State File No.

1313

Registration District No. 399

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years
(Specify whether years, months or days)
In this community 23 years

3. (a) PRINT FULL NAME Emmett A. Proffitt

3. (b) If veteran, No
name war
3. (c) Social Security No 495-03-6017

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Proffitt
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May 22, 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 16 Days 9
If less than one day hr. min.

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

10. Usual occupation Retired Cab. Driver

11. Industry or business Samuel V. Proffitt

12. Name Samuel V. Proffitt
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edna Crawford
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lyle A Proffitt
(b) Address 501 West 18 st.

17. (a) Burial (b) Date thereof April 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
Mrs. C. D. Forster

18. (a) Signature of funeral director
(b) Address 928 Brooklyn, K. C. MO.

19. (a) Apr 3 1941 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 501-W-18 st
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 10:15 P.M. minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 2, 1940
to April 1, 1941

that I last saw him alive on April 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cirrhosis of liver Duration 1 yr.

Due to cirrhosis of liver

Due to same as above 12:15

Other conditions asites 12:40 10 mos.
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy cirrhosis of liver
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?

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

23. Signature Ottoban Hofmann (M. D. or other)
Address 900 Dallas Bldg Date signed 4/3/41

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

3 to 5
in 1946
Rialto

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.