

0-2
4-41
7-39
K22839

FILED AUG 11 1941

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **248**

1. PLACE OF DEATH:

(a) County **Cape**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **0**
years, months or days)

3. (a) PRINT FULL NAME **Berg Proffer**

3. (b) If veteran, name war
3. (c) Social Security No. **500-16-1766**

4. Sex **male** 0
5. Color or race **white** 0
6. (a) Single, widowed, married, divorced, **single**

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

7. Birth date of deceased **Nov 1886**, **Mo.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
ABOUT 54	7			hr. min.

9. Birthplace **Burfordsville, Mo.** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **timber worker**

11. Industry or business

12. Name **Frank Proffer**

13. Birthplace **Burfordsville, Mo.** 0
(City, town, or county) (State or foreign country)

14. Maiden name **Rosie Young** 0

15. Birthplace **Burfordsville, Mo.** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs R Luther Eakins**

(b) Address **Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **July 3, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemt.**

18. (a) Signature of funeral director **L. L. Haman**

(b) Address **Cape Girardeau, Mo.**

19. (a) **7-2-41** (b) **J. M. Thompson**
(Date received local registrar) (Registrar's signature)

921 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cape** 016
(c) City or town **Burfordsville** 0
(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 **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **2**
year **41** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **7/2** to **7/2**, 19**41**, that I last saw him alive on **7/2**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death
Ruptured Bowel
Due to **FR - 2-3 Lumber Vert**

Due to **CRushed by Log**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Ruptured Bowel** 40
Of autopsy

Duration

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) **see 103**

(b) Date of occurrence **7-2-41**

(c) Where did injury occur? **Public Pl**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Specify type of place

While at work? **Yes** (e) Means of injury **Log**

23. Signature **G. L. Smith** (M. D. or other)

Address **Cape Girardeau** Date signed **7/2/41**

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

MOTHER FATHER

SEP 4 1940

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.....

L. L. Hamer

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.