

JAN 6 1942

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

41264

Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison Registration District No. 20  
 (b) Township Jackson T. 11 Primary Registration District No. 4014 Registered No. 2  
 (c) City Tarkio Mo (d) Street No. 1 St. 0  
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Maudie Edna Proffitt St. Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thurber D. Proffitt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1888  
 7. AGE YEARS 53 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jane Co Mo

13. NAME Charles Branson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goswold Co Mo

15. MAIDEN NAME Melva Ann Hardard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tarkio Mo

17. INFORMANT (ADDRESS) Thurber D. Proffitt  
Tarkio Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Mo DATE 4-10-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. A. Clement  
Tarkio Mo

20. FILED 4-8 1941 C. W. Waugh Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1941

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1941 to 4-8-1941

I last saw him alive on 4-8-1941 Death is said

to have occurred on the date stated above, at 2:15 PM

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 2 da.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Waugh, M. D.

(Address) Tarkio Mo

**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, \_\_\_\_\_

*W. A. Blum*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*W. A. Blum*

Licensed Embalmer No. 3381

P. O. Address *Larkis Mo*

**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.**