

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30021

State File No.

FILED OCT 14 1942

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 270

1. PLACE OF DEATH:

(a) County. Cape Girardeau, Mo.
(b) City or town. Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 days
(Specify whether in this community. Yes years, months or days)

3. (a) PRINT FULL NAME James Lewis Proffitt

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased. Aug. 7, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
No 1 10 hr. min.

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

10. Usual occupation. Infant

11. Industry or business.

12. Name. Virgil M. Proffitt

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

14. Maiden name. Marion Proffitt

15. Birthplace. Chester, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant. F. B. Marmon

(b) Address. Chester, Ill.

17. (a) Burial (b) Date thereof. Sept. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Chester, Ill.

18. (a) Signature of funeral director. Frank Schuler

(b) Address. Chester, Ill.

19. (a) 9-17-42 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Scott
(c) City or town. Liberton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Park Ave. Apt. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 42 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-13 1942 to 9-17 1942
that I last saw him alive on 9-17-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Adhesive Enteritis
low grade peritonitis

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death) 119a

Major findings: Of operations.

Of autopsy. Multiple adhesions
small intestine

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?

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

23. Signature. Chas. J. Herlihy (M. D. or other)

Address. Cape Girardeau, Mo. Date signed. 9-17-42

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

MOTHER FATHER

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042-127

Date Filed 10-13-42

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.