S. No. 2
M—2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17565

FILED MAY 20 1943

Registration District No. ______ Primary Registration District No. 3011 Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 West Heidel. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ (Specify whether years, months or days)
In this community ______

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll.
(c) City or town Carrollton Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 205 West Heidel. (If rural, give location)
(e) Citizen of foreign country? ______ (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME INFANT SON OF DELBERT-PROFFIT
3. (b) If veteran, name war ______
3. (c) Social Security No. ______
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife ______
6. (c) Age of husband or wife if alive ______ years
7. Birth date of deceased April (Month) 15 (Day) 1943 (Year)
8. AGE: Years — Months — Days — If less than one day 5 hrs ______ min.
9. Birthplace Carrollton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child
11. Industry or business ______

FATHER
12. Name Delbert Proffitt.
13. Birthplace Norborne (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elva Nutter
15. Birthplace Carrollton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Delbert Proffitt.
(b) Address Carrollton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill.
18. (a) Signature of funeral director Willis-Marshall.
(b) Address Carrollton Mo.
19. (a) 4-15-1943 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1943 hour 10. minute ______ M.
21. I hereby certify that I attended the deceased from April 15, 1943 to April 15, 1943
that I last saw him alive on April 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Open foramen ovale — Duration 5 hrs.
Due to Congenital failure
Due to ______
Other conditions (Include pregnancy within 3 months of death) ______
Major findings:
Of operations ______
Of autopsy ______

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) ______
(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? ______ (e) Means of injury ______

23. Signature R. Hamilton Stanfill
Address Carrollton, Mo. Date signed April 15, 43

1030

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

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.....

Child Lindsey 6 hrs Was not Embalmed., Registered Apprentice No.....,

working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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, fact should be so stated above.