No. 2
I—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38394

FILED NOV 18 1943

State File No.

Registration District No. 7-6

Primary Registration District No. 3026

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (If outside city or town limits, write "RURAL")

(d) Street No. 500 So Main (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John D. Proffitt

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 Married

6. (b) Name of husband or wife Emma Proffitt

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct (Month) 30 (Day) 1869 (Year)

8. AGE: Years 73 Months 11 Days 22 If less than one day ... hr. ... min.

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

10. Usual occupation Retired Rail Road man

11. Industry or business Mo Pacific & Milwaukee lines

FATHER

12. Name William H. Proffitt

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Talitha Tyler

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

16. (a) Informant Mrs J. D. Proffitt

(b) Address 500 So Main St Indep Mo

17. (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 23 '43 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address Independence, Mo

19. (a) 10-23-1943 (Date received local registrar) (b) (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1943, to Oct 21 1943; that I last saw him alive on Oct 21 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 Da
Due to:	
Due to: Angina	
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 C. H. Allen (M.D. or other) MD

Address Independence, Mo Date signed 10/21/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 194

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep, 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.