

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 14 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 (a) County Prevedy Registration District No. 132
 (b) Township Linn Primary Registration District No. 5476 Registered No. 178
 (c) City Shubert Mo. (d) Street No. P 718 # 4 St. Mo.
 (e) Length of residence in city or town where death occurred 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ZILPHA MAU PROFFIT
 (a) Residence, No. Route #4, Shubert St. Mo.
 (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 William Proffit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 9, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>6</u>	<u>4</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) Sept. 1942 11. Total time (years) spent in this occupation 67

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Missouri
 13. NAME Will. George
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Illinois

MOTHER 15. MAIDEN NAME Messie Lake
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Illinois

17. INFORMANT (ADDRESS) Mrs Roy Dierfeld, Shubert, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Cemetery DATE Dec, 15, 43
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) David Zimmerman, Shubert, Mo.
 20. FILED 12-17-1943 L. D. Robertson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1942, to Dec. 13, 1943
 I last saw her alive on Dec 13, 1943. Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Paralytic Agitation
Infected Gall Bladder
 Date of onset several years

Other contributory causes of importance:
 Name of operation Cholecystectomy Date of Dec 13, 1943
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury Dec 13, 1943
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) L. D. Robertson, M. D.
 (Address) Shubert, 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,

Myself

....., or by

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

Signed

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Jrenton, 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.