

FILED FEB 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Cape Girardeau

(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. 24 hr.
(Specify whether In this community. 24 hours
years, months or days)

3. (a) PRINT FULL NAME. EVA ANNIE PROFFER

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

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

6. (b) Name of husband or wife. Rafe Proffey 6. (c) Age of husband or wife if alive. 74 years

7. Birth date of deceased. Oct 5, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>26</u>	hr. min.

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

10. Usual occupation. Housewife

11. Industry or business

12. Name. William Thompson

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

14. Maiden name. Bronah Ford

15. Birthplace. Byrds Point Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Walter Loney

(b) Address. Cape Gir. Mo.

17. (a) Burial (b) Date thereof. Jan 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Gladish Cemetery

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

(b) Address. Jackson Mo.

19. (a) 1-5-44 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State. Missouri (b) County. Cape Girardeau

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

(d) Street No. Near Burfordville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 21.2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 4, 1943, to January 1, 1944; that I last saw her alive on 1-1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute heart failure

Due to. Myocarditis with decompensation

Due to. Hypertension

Other conditions. Chronic phlebitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations. ✓

Of autopsy. ✓

PHYSICIAN (Signature)
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. Alfred M. Estes (M. D. or other) Phys.
Address. Jackson Mo. Date signed 1-4-44

District Health Officer No. 4
District File Number 244-338
Date Filed 2-8-44

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Levellville, 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.