

S. No. 2  
M-8-43  
5-17-39  
X37623

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20870

State File No. \_\_\_\_\_

Registrar's No. 43

Registration District No. 174

Primary Registration District No. 3035

1. PLACE OF DEATH  
(a) County Lafayette  
(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1212 Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs years, months or days

3. (a) PRINT FULL NAME ALICE PROFFITT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife D. W. Proffitt 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Dec 18 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business at home

12. Name Christopher Sipe  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant D. W. Proffitt  
(b) Address Lexington Mo

17. (a) Burial (b) Date thereof 6-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director James F. Kuyper

(b) Address Lexington, Mo

19. (a) 2 Feb 1946 (b) Wm. E. Shultz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Lafayette  
(c) City or town Lexington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1212 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 12  
year 1946 hour 12 noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 1946 to June 12 1946  
that I last saw him alive on June 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hemiplegia (rh)  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Ben N. Bishop (M. D. or other)  
Address Lexington Mo Date signed 6/12/46

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

19743

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-8-46

ALL 9 8 7 6 5 4 3 2 1

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

*Garret F. Gumpel*

Licensed Embalmer No.

*3245*

P. O. Address

*Springton, Va*

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.