

S. No. 8-43 5-17-39 X37823

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22672

State File No.

Registrar's No. 43

FILED AUG 12 1946 Registration District No. 2

Primary Registration District No. 5114

1. PLACE OF DEATH: (a) County Bollinger, (b) City or town Rural, (c) Name of hospital or institution 3, (d) Length of stay: In hospital or institution, (e) Citizen of foreign country?

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri, (b) County Bollinger, (c) City or town Rural Wayne Twp, (d) Street No., (e) Citizen of foreign country?

3. (a) PRINT FULL NAME Maurice C. Proffer, (b) If veteran, name war, (c) Social Security No.

MEDICAL CERTIFICATION: 20. DATE OF DEATH: Month 7 day 21 year 41 hour minute M.

4. Sex M, 5. Color or race W, 6. (a) Single, widowed, married, divorced Married, (b) Name of husband or wife Ruth, (c) Age of husband or wife if alive 37 years, 7. Birth date of deceased Oct 26 1903

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE: Years 43, Months 8, Days 25, If less than one day hr. min.

Immediate cause of death Drowning, Due to Accidental

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

Due to

10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Framing

Major findings: Of operations, Of autopsy

12. Name Logan Proffer

ADDITIONAL INFORMATION REQUESTED

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

PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Ida Cabiness, (City, town, or county) (State or foreign country)

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

16. (a) Informant Ruth Proffer, (b) Address Zalma Missouri,

17. (a) Burial, (b) Date thereof 7 23 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Be-Wrong Cemetary,

18. (a) Signature of funeral director Puxico Missouri, (b) Address

19. (a) July 25, 1946, (b) Willis VanAmburg, (c) (Date received from registrar) (Registrar's signature)

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?, (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John J. ... Date signed 7/22/46

25 (Licensed Embalmer's Statement on Reverse Side)

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

24 536

RECEIVED

County Health Officer No. 4
District No. 846-2475
Date Filed 8-9-46

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

Lyman Steele

Licensed Embalmer No. 2476

P. O. Address

Hexter 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AugRegistrar's No. 30Registration District No. 32Primary Registration District No. 5114

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME Maurice C. Proffer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26 (Month) (Day) (Year)8. AGE: Years 42 Months 8 Days _____ (If less than one day) hr. _____ min.9. Birthplace mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 21
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death AsphyxiaDue to branny

Due to _____

Due to _____

Other conditions _____
(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) Accident(b) Date of occurrence 7/21/46(c) Where did injury occur? North Pauline Mo (City) (town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? FarmWhile at work? _____ (Specify type of place) (e) Means of injury branny23. Signature John H. ... (M.D. or other) _____
Address Britton ... Date signed 8/25/46

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

21536

SUPPLEMENTARY 21

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22672