S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26515

FILED AUG 29 1946

Registration District No. 32

Primary Registration District No. 3009

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 201 South Second St (If not in hospital or institution, write street number or location)

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

In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Jackson (If outside city or town limits, write "RURAL") 2

(d) Street No. 201 S Second St (If rural, give location) 1

(e) Citizen of foreign country? ✓ (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME ELDON LEO PROFFER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elodie Niblick Proffer

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 18, 1881 (Month) (Day) (Year)

8. AGE: Years 65 | Months 2 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Burfordville (City, town, or county) Mo. 11 (State or foreign country)

10. Usual occupation Justice of Peace

11. Industry or business

FATHER
12. Name George W. Proffer
13. Birthplace Burfordville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Martha Gladish
15. Birthplace Bowling Green (City, town, or county) Ky (State or foreign country)

16. (a) Informant Clifford Proffer

(b) Address Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director R. G. Miller

(b) Address Jackson

19. (a) 8-20-46 (Date received local registrar) (b) D. G. Sieur (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 17 year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 19, 1946, to Aug 9, 1946 that I last saw him alive on Aug 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 hrs
Due to Coronary Sclerosis	1 yr
Due to	
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 T. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 8/20/46

43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 846-2530

Date Filed 8-28-46

MAR 17 1955

SEP 19 1946

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 Lane C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.