

S. No. 2
M-5-43
5-17-39
I X36571

FILED DEC 23 1946
Registration District No. **4**

Primary Registration District No. **4176**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden

(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 years, months or days)

In this community Seventy years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin ³⁵

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

(d) Street No. 201 So. Marion
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth C. Eppheimer

(b) If veteran, name war _____

(c) Social Security No. ✓

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 19 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>no</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation House work (at home)

11. Industry or business _____

MOTHER FATHER

12. Name George Proffer

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

14. Maiden name Thelma Young

15. Birthplace Clinton Co. N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Walker

(b) Address Malden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Hugh Funeral Home

(b) Address Malden

19. (a) Dec 13-46 (Date received local registrar) (b) J. J. Schuman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1946 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 5th to Nov 5th 1946 that I last saw her alive on Nov 5th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis ^{Duration 10 yrs}

Due to Cerebral Haemorrhage ^{12 days}

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: g 37

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? _____

23. Signature J. E. Mitchell (M. D. or other) M.D.

Address Malden Mo Date signed 12/8/46

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

38976

RECEIVED

District Health Office No. 2,

District File Number 1246-1466

Date Filed 12-16-46

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 Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Parma, 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.