

BUREAU OF THE CENSUS
FILED APR 1 1947

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town COLUMBIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BOONE COUNTY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 WEEKS
 (Specify whether
 In this community 1 1/2 yrs.
 years, months or days)

3. (a) PRINT FULL NAME EMMA A. PROFFER

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

4. Sex F. 1 5. Color or race W.
 6. (a) Single, widowed, married, 2 divorced, WIDOWED
 6. (c) Age of husband or wife if alive DECEASED years
 7. Birth date of deceased OCT. 11, 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 5 hr. min.

9. Birthplace GRAVEL HILL MO. 11
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business.

MOTHER FATHER { 12. Name ROBERT HAIL ?
 13. Birthplace UNKNOWN ?
 (City, town, or county) (State or foreign country)
 14. Maiden name LUCE ALLEN ?
 15. Birthplace UNKNOWN ?
 (City, town, or county) (State or foreign country)

16. (a) Informant NORMAN B. PROFFER
(b) Address HOLLAND, MISSOURI.17. (a) BURIAL (b) Date thereof MAR. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation PROFFER CEMETERY(e) Signature of funeral director Glen Y. Maupin
(b) Address 712 COURT FULLON, MO.19. (a) 3-16-47 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
 (c) City or town COLUMBIA 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 105 Ripley 5
 (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1947 hour 1:45 minute _____ P. M.21. I hereby certify that I attended the deceased from March 2, 1947, to March 16, 1947, that I last saw him alive on March 16, 1947 and that death occurred on the date and hour stated above.Immediate cause of death Fracture Femur, left Duration 2 WKS.

Due to _____

Due to _____

Other conditions Schility Pneumonia neck
(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:

(c) Accident, suicide, or homicide (specify) _____ 118
 (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) (c) Means of injury _____

23. Signature Glen Y. Maupin (Date or other) _____
Address COLUMBIA, MO. Date signed 4/1/47

ADDITIONAL
 SUPPLEMENTARY
 INFORMATION
 REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

~~Date Filed~~ 2/21/47
~~District File Number~~

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 Glen Y. Maupin
Licensed Embalmer No. 9725
P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 38

Primary Registration District No. 3026

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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 days) (Specify whether

3. (a) PRINT FULL NAME Emma G. Proffer

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

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

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

7. Birth date of deceased Oct 11 (Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 2 (If less than one day, hr. min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

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 April 1947 year 1947 hour 6 minute 16 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 _____

Duration

Due to _____

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 fell at home)

(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) Means of injury _____

23. Signature Edwin C. Bennett M. D. or _____

Address _____ Date signed 3/11/47

RECORD MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-7865