

FILED MAR 18 1947

Registration District No.

Primary Registration District No.

1002

Registrar's No.

988

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2126 S.W. Blvd 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Charles Robert Proffitt

3. (b) If veteran, name war World War I II 3. (c) Social Security No. UNKN

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 8 19 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Norborne - MO
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Overton Coal Co.

12. Name Silas Ross Proffitt
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Marina Ella Adams
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Proffitt
(b) Address Norborne, MO

17. (a) Burial (b) Date thereof 3 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Norborne MO

18. (a) Signature of funeral director Wm E. Wilcox
(b) Address 7370 Monitor Pl

19. (a) 3-4-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town K.C. MO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1654 Penn 8
(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 3
year 1947 hour 8:30 AM minute - M.

21. I hereby certify that I attended the deceased from 7 to 19;
that I last saw him alive on 7 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Siver Duration
Perforated Siver
Due to Auto Trauma
Due to

Other conditions (Car rolled into deceased)
(Include pregnancy within 3 months of death)
Major findings: Of operations

Of autopsy See Above 1700-8
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) Accident 123
(b) Date of occurrence 3/3/47
(c) Where did injury occur? Kansas City MO
(City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place?

While at work? Yes (Specify type of place) Thru
(Specify type of injury)
23. Signature A. E. Wilcox (M. D. or other) MO
Address 2800 Main St Date signed 3-3-47

MAR 19 1947

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.....

Blaine E. Weibert

Licensed Embalmer No..... *4075*

P. O. Address..... *K.C. 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.