

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18201

State File No.

Registration District No. 228

Primary Registration District No. 5808

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Bernick
(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 all of life years, months or days

3. (a) PRINT FULL NAME WM. LOUIS PROFFITT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Louis Proffitt 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan 12 1880 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Proffitt
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name John's Sherrer
15. Birthplace Janesburg Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Proffitt

(b) Address High Hill Mo.

17. (a) Rural (b) Date thereof May 3 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Pleasant

18. (a) Signature of funeral director C. A. Rankin

(b) Address Janesburg Mo.

19. (a) May 10-47 (b) W. May Miller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3 miles Northwest of Janesburg (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-6, 1947, to 4-30, 1947; that I last saw him alive on 4-27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 3 days
Due to Carcinoma of descending Colon 2 yrs.
Due to Carcinoma of liver ?

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

Major findings: Of operations Carcinoma descending Colon
Of autopsy none

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?

While at work? _____ (Specify type of place) (c) Means of injury ✓

23. Signature James O. Helmi (M. D. or other) Address New Florence Mo. Date signed 5-2-47

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

RECEIVED
District Health Officer No. 9,
District File Number 5-28-47
Date Filed

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

Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address

Jonesburg 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.