DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1947

Registration District No. 32

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6296

20303

State File No.

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Burfordsville Rural Kinder Twp

(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) 81 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir. 11

(c) City or town Burfordsville

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jacob Franklin Proffer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ethel Tate Proffer

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Cape Gir. County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John F Proffer
13. Birthplace Cape Gir. County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nancy Ervin
15. Birthplace Jackson County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature W.L. Proffer

(b) Address Grandview Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1947 (Month) (Day) (Year)

(c) Place: burial or cremation McGuire Cemetery

18. (a) Signature of funeral director Wilson-Statler-Seabaugh

(b) Address Jackson Mo.

19. (a) 6-28-47 (Date received local registrar) (b) D. G. Tubert (Registrar's signature) 4.3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1947 hour — minute — M.

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

	Duration
Immediate cause of death Unknown Found Dead in bed	
Due to Natural causes	
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? no (e) Means of injury —

23. Signature Clyde Baugh, acting Coroner (M. D. or other)

Address Jackson, Mo. Date signed 6-28-47

(Licensed Embalmer's Statement on Reverse Side)

Rev. 6 1 X19511 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4

District File Number 142-890

Date Filed 7-2-42

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 Glenn Wilson

Licensed Embalmer No. 2828

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, above space should be left blank.