

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11796

FILED MAY 7 1948

Registration District No. 92

Primary Registration District No. 4080

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Carroll Egypt.
(b) City or town Norborne, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Duncan Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home. /
(Specify whether
In this community Fifty Five Years.
years, months or days)

3. (a) PRINT FULL NAME Silas Ross. Proffitt.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Ella Proffitt 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June. 3 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 22 hr. min.

9. Birthplace Ray County Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Working at Home

11. Industry or business

12. Name Benjamin Smith Proffitt.

13. Birthplace Ray County Missouri. 0
(City, town, or county) (State or foreign country)

14. Maiden name Cyrena Jane Leaky.

15. Birthplace Ray County Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur L. Proffitt.

(b) Address Norborne Mo.

17. (c) Burial (b) Date thereof 4/30/1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Norborne.

18. (a) Signature of funeral director John L. Smith

(b) Address Norborne, Missouri.

19. (a) Apr. 29-1948 (b) Eileen Pennington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll. 17
(c) City or town Norborne.
(If outside city or town limits, write "RURAL") 2
(d) Street No. North Duncan Street.
(If rural, give location) 00
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1-48
1948, to 4-26-48, 1948

that I last saw him alive on 4-26-48
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 yr

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)

(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) (e) Means of injury

23. Signature Belair 0 (M. D. or other)

Address Norborne, Mo. Date signed 4-26-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-48

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

working under my personal supervision.

Signed

John E. Deitch

Registered Apprentice No.

Licensed Embalmer No. 3654

P.O. Address

Norborne 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.