S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 22 1948

Registration District No. 53

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 18867

Registrar's No. 192

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 10 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Bollinger
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 Miles N. Sedgewickville
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: FERDINAND PROPST
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: Polly McGraw Propst
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Nov. 22 - 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	7	20	hr. min.

9. Birthplace: Lipville Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER
12. Name: Jacob Propst
13. Birthplace: Lipville Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Priscilla Barke
15. Birthplace: Sedgewickville Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Chas. G. Propst
(b) Address: Sedgewickville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell Cemetery
18. (a) Signature of funeral director: R. Miller
(b) Address: Jackson
19. (a) 6-18-48 (Date received by local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1948 hour 12 minute 53 P. M.
21. I hereby certify that I attended the deceased from Oct 1 1946 to June 1948; that I last saw him alive on June 12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 min
Due to: Coronary Sclerosis	18 yr
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Gangrene of left foot (leg amputated 6/11/48
Of autopsy:

PHYSICIAN — Underline the cause of 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? (e) Means of injury:
23. Signature: T. E. Ruff (M. D. or other) MD
Address: Jackson Mo Date signed 6/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District Filing Number 648-789

Date Filed 6-21-48

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Lee C. Crouch

Licensed Embalmer No. 4327

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, fact should be so stated above.