E—1/47
5-17-39

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

National Office of Vital Statistics
FILED JUL 28 1948

STANDARD CERTIFICATE OF DEATH

State File No. 22423

Registration District No. 33 — Primary Registration District No. 3010 — Registrar's No. 216

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: St. Frances Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days; In this community: 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No.: 433 South Ellis St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John B. Propst
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: Widowed
6. (b) Name of husband or wife: Bernice Propst
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 16, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	0	23	hr. min.

9. Birthplace: Millersville, Missouri U (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Jess Propst
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Matilda Kistner
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Loomis E. Propst
(b) Address: Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mayfield cemetery
18. (a) Signature of funeral director: L.L. Haman
(b) Address: Cape Girardeau, Mo.
19. (a) 7-19-48 (Date received local registrar) (b) C.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 9, day, year 1948, hour 11, minute 05 A.M.
21. I hereby certify that I attended the deceased from 7-7, 1948 to 7-9, 1948 that I last saw him alive on 7-9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	

Major findings:
Of operations:
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? Means of injury:
23. Signature: (M. D. or other)
Address: Cape Girardeau Mo Date signed 7/14/48

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

RECEIVED

District Health Officer No. 4

District File Number 748-9-

Date Filed 7-27-48

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.