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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 11 1948  
Registration District No. 147

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36815  
Registrar's No. 4804

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, MO.  
(c) Name of hospital or institution: Saint Joseph  
(d) Length of stay: In hospital or institution 2 wks.  
In this community since 1900

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lafayette  
(c) City or town Higginsville MO.  
(d) Street No. 1  
(e) Citizen of foreign country? no

3. (a) PRIME FULL NAME: Lizzie Proett  
3. (b) If veteran, name war: no  
3. (c) Social Security No.: none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11/24/48  
year 1908 hour 12:05 a.m. M.  
21. I hereby certify that I attended the deceased from Nov 13-48 to 11/24/48  
that I last saw her alive on Nov 23-48  
and that death occurred on the date and hour stated above.

4. Sex F  
5. Color or race W.  
6. (a) Single, widowed, married, divorced: widowed  
6. (b) Name of husband or wife: Henry Proett  
6. (c) Age of husband or wife if alive years 28  
7. Birth date of deceased: March 28 1868

Immediate cause of death: Uremia  
Due to: Post-operative  
Due to: Vaginal hysterectomy  
Other conditions: 1 5/10  
Major findings: Of operations: Ulcerative endometritis  
Of autopsy: Pen Peritonitis, Acute Toxic nephritis, Acute Cystitis.

8. AGE: Years 80 80 Months 7 Days 26  
9. Birthplace: Gasconade Co. MO.  
10. Usual occupation: housewife

11. Industry or business:  
12. Name: Jacob Boehlinger  
13. Birthplace: Switzerland  
14. Maiden name: Marie Boehlenger  
15. Birthplace: Switzerland

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant: Anton Proett  
(b) Address: Higginsville MO  
17. (a) Burial, cremation, or removal: Burial  
(b) Date thereof: 11-26-48  
(c) Place: burial or cremation: Higginsville MO  
18. (a) Signature of funeral director: Ernest T. Williams  
(b) Address: Higginsville MO  
19. (a) 11-24-48 (b) Geraldine Holmes (Registrar's signature)

Physician: Vincent T. Williams  
Underline the cause to which death should be charged statistically.  
Date signed: Nov 24

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**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..... *Augustus C. Wanner* .....

Licensed Embalmer No..... *2597* .....

P. O. Address..... *Kansas City, Kansas* .....

\* **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.**