

Registration District No. **744**

Primary Registration District No. **59760**

Registrar's No. **63**

REC'D JUL 17 1940

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.

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at his home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) all his life

3. (a) PRINT FULL NAME Edward P. Proffitt
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Viola Proffitt
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased May 18 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 5
 If less than one day hr. min.

9. Birthplace not known
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name William Proffitt
 18. Birthplace Ray, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Proffitt
 15. Birthplace Richmond, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola Proffitt
 (b) Address Richmond, Mo.
 17. (a) South Point (b) Date thereof July 1 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation South Point

18. (a) Signature of funeral director J. B. Brothers
 (b) Address Richmond, Mo.
 19. (a) July 4 - 1940 (b) Malcolm Jackson
(If file received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
 (c) City or town Richmond
(If outside city or town limits, write "RURAL")
 (d) Street No. South Point Cem. Mo
(If rural, give location)
 (e) If foreign born, how long in U. S. A. U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
 year 1940 hour 7 minute 30 M.
 21. I hereby certify that I attended the deceased from Feb 15
 1940 to June 30, 1940
 that I last saw him alive on June 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Diabetes Mellitus

Due to _____
 Due to _____
 Other conditions 59
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?
9/15 While at work at home (Specify type of place) (e) Means of injury _____

23. Signature Edw. Gainer (M. D. or other) M.D.
 Address Richmond, Mo. Date signed 7-2-40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

1955

7-1-76

RECEIVED
District Health Officer No. 8,
District File Number 7-5-40
Date filed

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.....

J B Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed.....

J B Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond

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.