

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29315
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, 2 Registration District No. 378
(b) Township Fayette, Primary Registration District No. 4222 Registered No. 62
(c) City Fayette, (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Jeffers,

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fanny Jeffers,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/23rd 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,13. NAME John Jeffers,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.15. MAIDEN NAME Elizabeth Mc Kinney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs C. T. Galatas Fayette, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo DATE 12-2nd 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley Fayette, Mo.20. FILED Dec 8 1938 J. C. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30-1938 19

22. I HEREBY CERTIFY That I attended deceased from Oct. 10 1938 to Nov 30 1938
I last saw him alive on Oct. 29 1938. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac dilatation

Date of onset

11-27-38

Other contributory causes of importance:

Cardio-vascular-renal disease chronic
apoplexy 1935Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. L. Coffman, M. D.

(Address) Fayette, Mo.
337

RECEIVED
District Health Officer No. 8
District File Number
Date filed 12/2/38

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.