

DEC'D FEB 23 1938

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

3350
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 642
(b) Township Washington Primary Registration District No. 5851
(c) City Rich Fountain (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

(a) Residence, No. 1600 Edmont Jeffery St. (If nonresident, give city or town and State)
Rich Fountain (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bella Jeffery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Cass Co Mo

FATHER 13. NAME Peter Jeffery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Louise Blesch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Les Jeffery
Rich Fountain - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Fountain DATE Dec 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Master Funeral Home
Rich Fountain Mo

20. FILED 12-20 1938 Rich Fountain Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-1-36, 19 , to 12-20-38, 19

I last saw him alive on 12-15-38, 19 . Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of jaw.
45

Date of onset 1936

Other contributory causes of importance: Quarantine 10-1-38

Name of operation Eicson growth Date of 6-1-38

What test confirmed diagnosis? Chiniff Was there an autopsy? 25

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? Yes
If so, specify _____ (Signed) H.A. Sumner, M.D.

(Address) Rich Fountain Mo.

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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.

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. 165

working under my personal supervision.

Signed Bernard Morton

Licensed-Embalmer No.

P. O. Address Lincoln, 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, above space should be left blank.