

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31471**  
Registrar's No. **3569**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Jameson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2828 Perry**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **21 years**  
years, months or days

3. (a) PRINT FULL NAME **George Jeffine**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **160**

4. Sex **m** 5. Color or race **w**  
6. (a) Single, widowed, married, divorced **man**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 20 1889**  
(Month) (Day) (Year)

8. AGE: Years **30** Months **5** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Italy** **Italy**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Lourence Bedford**  
13. Birthplace **Italy**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Josephine La Rosa**  
15. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Josephine Bedford**

(b) Address **2828 Perry**

17. (a) **Burial** (b) Date thereof **9/12/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt St Marys**

18. (a) Signature of funeral director **A. Schlett**

(b) Address **947 East 6 St**

19. (a) **9/11/39** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**  
(c) City or town **Jameson**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2828 Perry**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **9th**  
year **1939** hour **8:15** minute **15** P. M.

21. I hereby certify that I attended the deceased from **March 1934** to **Sept 9 1939**,  
that I last saw him alive on **Sept 9 1939**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung primary**  
Due to **47**

Due to \_\_\_\_\_  
Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **P. J. De Maria**  
Address **St. J. C. Gen Hosp** Date signed **9-11-39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

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.**