

DEC 12 1939 556
Registration District No. 556

Primary Registration District No. 4329

Registrar's No. 62

1. PLACE OF DEATH:

- (a) County Mercer
 (b) City or town Lawanna
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(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)

In this community _____

3. (a) PRINT FULL NAME Melva Cordelia Jeffries

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased April 8 1939
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | | 7 | 21 | hr. min. |

9. Birthplace Lawanna Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Melvin Jeffries13. Birthplace W. Wash. D.C.
 (City, town, or county) (State or foreign country)14. Maiden name Archie Bruce15. Birthplace Moravia Mo.
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Melvin Jeffries(b) Address Rovonia, Mo17. (a) Lawanna (b) Date thereof Nov 30 1939
 (Burial, cremation) (Month) (Day) (Year)(c) Place: burial or cremation Lawanna Burial18. (a) Signature of funeral director W. H. Mess(b) Address Princeton, Mo.19. (a) Nov 30 39 (b) J. M. Perry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer

- (c) City or town Lawanna
 (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
 year 1939 hour one 1:00 minute P. M.

21. I hereby certify that I attended the deceased from
Nov. 29, 1939, to Nov. 29, 1939;

- that I last saw her alive on November 29, 1939;
 and that death occurred on the date and hour stated above.

- Immediate cause of death bronchial pneumonia / Duration _____

Due to _____

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 B. J. Astill (M.D. or other) D.O.Address Princeton, Mo. Date signed 11-29-39

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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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40240-
Do not use this space.

PLACE OF DEATH
(a) County Mercer Registration District No. 556
(b) Township..... Primary Registration District No. 4329 Registered No.....
(c) City Ravenna (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 Melva Cordelia Jeffries
(a) Residence, No. [] St. []
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ms
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7 21
OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from to....., 19.....
I last saw h. alive on....., 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:
Bacterial Pneumonia Date of onset
Other contributory causes of importance:
There were no other complications.
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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?.....
If so, specify B. J. Astell M.D.
(Signed) Princeton M.D.
(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

