

APR 12 1940

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

10730
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 211

(b) Township Marion Primary Registration District No. 5291(5291) Registered No. 4

(c) City Jefferson City (d) Street No. R. R. #1, Jefferson City St.

(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 Mrs. Mary Jane Edwards Kauffman

(a) Residence, No. R. R. #1, Jefferson City 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 Female 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 Joseph Kauffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.

81 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Ohio, U.S.A.

FATHER 13. NAME David Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio U.S.A.

MOTHER 15. MAIDEN NAME Martha Keifer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio U.S.A.

17. INFORMANT Leo Kauffman (ADDRESS) R.R. #1, Jeff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martins Cem DATE March 7, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs Jefferson City, Mo.

20. FILED Mar 5, 1940 H. T. Leach, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940 to March 5, 1940

I last saw him alive on March 5, 1940 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Cancer of Breast

Date of onset from history 2 yrs

Other contributory causes of importance: 30

Name of operation Chemo Date of

What test confirmed diagnosis? Chemo 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?

If so, specify

(Signed) H. T. Leach M. D.

(Address) Electon Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.....
working under my personal supervision.

Signed John F. Henrich

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.