

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 95

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Rural  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME W<sup>M</sup> HENRY JEFFERSON  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE  
5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Susan Jefferson  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Apr 27 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Passenger

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

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Susan Jefferson

(b) Address RFD 3 Box 303 Papdon Bluff Mo

17. (a) Rural (b) Date thereof Apr 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morocco Cem

18. (a) Signature of funeral director NT Phelps

(b) Address Papdon Bluff Mo

19. (a) 4/6/40 (b) Chittenger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County BUTLER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5  
year 1940 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 27 1940 to Apr 4 1940  
that I last saw him alive on Apr 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - Urinary obstruction  
Due to Prostatism

Duration  
1 year  
5 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

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

23. Signature A. Brackman M.D.  
Address Papdon Bluff Date signed 4-7-40

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.

1-10391

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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.**