DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28987

Registration District No. 496 — Primary Registration District No. 3025 — Registrar's No. 72

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 406 S. Livingston (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

(c) City or town: Brookfield (If outside city or town limits, write "RURAL")

(d) Street No.: 406 S. Livingston (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Mary Ellen Jefferson 162

3. (b) If veteran, name war: ____

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James C. Jefferson

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: April (Month) 9 (Day) 1906 (Year)

8. AGE: Years 34 | Months 3 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: LaGrange, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Lonnie C. Jefferson
(b) Address: 406 S. Livingston, Brookfield.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 8, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cemetery

18. (a) Signature of funeral director: Rusk Funeral Home
(b) Address: Brookfield, Mo.

19. (a) Aug - 8 - 40 (Date received local registrar) (b) Geo V. Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1940 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 1 '39, 19__, to Aug 5, 1940, that I last saw her alive on Aug 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Uterus - Bladder & Rectum — Duration: 3 yrs

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): Hemorrhage

Major findings: Operations (2) Sept 1/39
Of operations: Complete Hysterectomy

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? 445 (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Grace S. M. Dowell (M.D. or other) D O
Address: Brookfield Mo. Date signed 8/17/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 — 1 X19511

48

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.