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cc. Carter

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29281

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 84

**1. PLACE OF DEATH:**

(a) County Missouri  
 (b) City or town Courthavenille Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 9  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 yrs. (Specify whether years, months or days)  
 In this community 11 yrs.

8. (a) PRINT FULL NAME Jennett Jeffery  
 (b) If veteran, name war none (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife William Jeffery 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased unknown 1892 (Month) (Day) (Year)

8. AGE: Years About 48 Months - Days - If less than one day hr. min.

9. Birthplace Ripples (City, town, or county) (State or foreign country) Miss.

10. Usual occupation house work

11. Industry or business

MOTHER FATHER { 12. Name Henry Broadnax 9  
 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 William Jeffery  
 (b) Address Courthavenille Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1940 (Month) (Day) (Year)  
 (c) Place of burial or cremation Morgan Releggs cemetery

18. (a) Signature of funeral director H. J. Spivey  
 (b) Address Courthavenille Mo.

19. (a) Aug 27, 1940 (Date received local registrar) (b) Eda Martin (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Missouri  
 (c) City or town Courthavenille (If outside city or town limits, write "RURAL")  
 (d) Street No. Bell ave. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 29 year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from July 28 1940, to 1940, 1940;  
 that I last saw her alive on July 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Myocardia (Cerebral type) Duration 24 hr.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 28

Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none

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? 585  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature C. E. Castle (M. D. or other) 178  
 Address Courthavenille Date signed 7/30/40

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

9-40-24

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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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**