

No. 2
-10-39
17-39
X2149Z

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2414
Registrar's No. _____

FEB 14 1941

Registration District No. 262 Primary Registration District No. 4161

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Union Star, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Union Star
(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.

3. (a) PRINT FULL NAME JOHN N JEFFORD

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife Mahala Jefford 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased March 28 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Park County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Noah Jefford
13. Birthplace Ohio
(City, town or county) (State or foreign country)
14. Maiden name Sarah Ann Bowman
15. Birthplace Ohio
(City, town or county) (State or foreign country)

16. (a) Informant Shirley W. Jefford
(b) Address Union Star Mo.

17. (a) _____ (b) Date thereof Jan. 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Louis M. Wilson
(b) Address King City, Mo.

19. (a) Jan 11 (b) Ed M. Reymouth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from March
1934 to Jan. 10, 1941.
I last saw him alive on Jan. 8, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 4 day

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? _____

23. Signature Arthur E. Rockwell (Specify type of place) _____
While at work? _____ (a) means of injury _____
Address Union Star, Mo. Date signed 1/10/41

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

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King 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.