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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3595
Registrar's No. 7

Registration District No. 609

Primary Registration District No. 5808

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(c) Name of hospital or institution:
Route #3
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days

3. (a) PRINT FULL NAME CHARLES EDWARD JEFFERY
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 14 1940
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
1 26 hr. min.

9. Birthplace NEOSHO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____
12. Name RAYMOND W JEFFERY
13. Birthplace ORAB ORECHARD NEB.
14. Maiden name BESSIE SORENSON
15. Birthplace MCCOOK NEB.

16. (a) Informant Raymond Jeffery
(b) Address Neosho Mo.

17. (a) BURIAL (b) Date thereof 1-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GIBSON CEMETERY

18. (a) Signature of funeral director Early Thompson
(b) Address Neosho Mo.

19. (a) 2-6-41 (b) Oral C. Salzman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO ROUTE 3
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 10
year 1941 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Jan 3 1941
to Jan 10 1941
that I last saw him alive on Jan 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to _____
Due to Lotus Pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: none
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?
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While at work? _____ (Specify type of place)
(e) Means of injury no

23. Signature William M. Cullough (M.D. or other) D.O.
Address SAV. BK Bldg. Neosho Date signed 2/6/41

Duration 7 DAYS
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 241-307

Date Filed FEB 13 1949

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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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, fact should be so stated above.