S. No. 2
—11-10-39
5-17-39
I X21492

54
4
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILLED JUL 10 1941

State File No. 22024

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 306 So. 4th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs /
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 54

(a) State Missouri (b) County Lafayette

(c) City or town Odessa 0
(If outside city or town limits write "RURAL")

(d) Street No. 306 So. 4th St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Elezabeth Havener

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter L Havener

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept (Month) 29 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	8	25	hr. min.

9. Birthplace Dover (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John A Jeffries
13. Birthplace Fauquir Co (City, town, or county) Va / (State or foreign country)

MOTHER
14. Maiden name Sallie J Dickson
15. Birthplace UNKNOWN (City, town, or county) Ky / (State or foreign country)

16. (a) Informant Walter L. Havener
(b) Address Odessa Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 24 (Day) 1941 (Year)
(c) Place: burial or cremation Greenton Cem.

18. (a) Signature of funeral director [illegible]
(b) Address Odessa Mo

19. (a) 6/23/41 (Date received local registrar) (b) Mrs E M Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22 (22)
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 4-5-, 1941, to 6-22, 1941;
that I last saw her alive on 6-22-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Chronic Nephritis
Myocarditis Ch.

Due to Myocarditis Ch.
Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131 f

Duration

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

4/6

23. Signature [illegible] (M. D. or ~~other~~) 0
Address Odessa Mo. Date signed 6/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 7-8-41
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 Horace Bluicoe

Licensed Embalmer No. 2759

P. O. Address Odessa 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.