

FILED MAR 13 1942 217  
Registration District No. 19428-217

Primary Registration District No. 4-13-1-5297

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

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BLACKWATER (RURAL) *J. m.*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 MILES NORTH OF BLACKWATER  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 51 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town BLACKWATER (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 MILES NORTH OF BLACKWATER  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES T. JEFFRESS

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 WIDOWED  
6. (b) Name of husband or wife AMANDA BROWNFIELD 6. (c) Age of husband or wife if alive DECEASED years  
7. Birth date of deceased JUNE 17 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER & STOCKMAN

11. Industry or business FARM

12. Name JOHN R. JEFFRESS

13. Birthplace ALABAMA  
(City, town, or county) (State or foreign country)

14. Maiden name ISABELLE LOWRY

15. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant ROY JEFFRESS

(b) Address BLACKWATER, MO.

17. (a) BURIAL (b) Date thereof 2/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NELSON MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Feb-21-42 (b) Dr. Chas Swap.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19  
year 1942 hour 2 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Feb. 19 1942  
that I last saw him alive on Feb. 15 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. W. H. H. H. (M. D. or other) Dr.  
Address Blackwater, Mo Date signed 2-20-42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-11-42

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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, fact should be so stated above.