

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

State File No. **40810**

FILED JAN - 6 1943

Registration District No. **92**

Primary Registration District No. **5332**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dade**
(b) City or town **Rural (Ernest Township)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 1/2 mi. N.W. of Greenfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 1/2 mi. N.E. Greenfield**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Cydney Ann Jeffreys**

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

4. **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 31, 1961**
(Month) (Day) (Year)

8. AGE: Years **81** Months **10** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Dade County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Farm**

MOTHER FATHER { 12. Name **Minor Gentry**
13. Birthplace **Tennessee**
14. Maiden name **Nancy Ann Watkins**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Stella Finley**
(b) Address **Lockwood, Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof **12-9-'42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenfield Cemetery**

18. (a) Signature of funeral director **Ward Funeral Home**
(b) Address **Greenfield Mo. By Rollins Smith**

19. (a) **12/12/42** (b) **Bernice M. Coines**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5th.** year **1942** hour **2** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Nov-30** 19**42** to **Dec 5** 19**42**
that I last saw him alive on **Dec 4** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Senility
Due to _____
Due to _____

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

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 **James A. Wren** (M. D. _____)
Address **Lockwood** Date signed **12-8-42**

RECEIVED

District Health Officer No. 6,

District File Number 143-2

Date Filed JUN 4 1917

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.....

Bollina Knott

Licensed Embalmer No. 3685

P. O. Address Greenfield, 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.