

FILED FEB 8 1943

State File No. \_\_\_\_\_

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 68

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 50Yrs years, months or days)

3. (a) PRINT FULL NAME Nancy Jefferson  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Jacobs 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased Jan. 7 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation House Work

11. Industry or business House work

12. Name Harrison Jefferaon

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

14. Maiden name Unknown

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

16. (a) Informant Charlotte Jacobs

(b) Address 2116 East 13th Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director J. A. Murray  
(b) Address Holden, Mo.

19. (a) Jan. 2 1943 (Date received local registrar) (b) Shades Ferguson, Dep. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Johnson  
(c) City or town Holden  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd.  
year 1943 hour Unknown minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Did not attend to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Unknown  
Duration \_\_\_\_\_

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

Other conditions Fibroid Tumor  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
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) None  
(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. (a) Edward Anderson (Specify type of place) (b) Means of injury in basement  
Address Holden Mo Date signed 5-43

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

MOTHER FATHER

1002

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-6-43

**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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Golden, 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.**