

7. S. No. 2
DOM-5443
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1871

State File No. _____

FILED JAN 13 1945

Registration District No. 50

Primary Registration District No. 5177

Registrar's No. 48

500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CAMDEN

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME MARY-FRANCIS-JEFFERIES

3. (b) If veteran, name war none

(c) Social Security No. none

4. Sex FEMALE 5. Color or race White

6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife ERIC-JEFFERIES

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

7. Birth date of deceased Feb 1 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 11 0 - hr. - min.

9. Birthplace CAMDEN-Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

12. Name Bluford-McDOWELL

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

14. Maiden name MARTHA-Adams

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

16. (a) Informant Mrs Bertha Seape Day

(b) Address Eldon Mo

17. (a) BURIAL (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW-HOPE-CEM-

18. (a) Signature of funeral director Keith M. Kaye

(b) Address Eldon Mo

19. (a) Jan 2 1945 (b) Edith Nelson
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAMDEN'S 5

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

(d) Street No. 3 mi - West of Kaiser Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1945 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 5 1936 to Jan 1 1945
that I last saw her alive on Nov 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 12 years

Due to _____

Due to _____

Other conditions Hypertension 25 years
(Include pregnancy within 6 months of death)

Major findings: 93d

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 g

23. Signature Myron D Jones M.D.

Address Brunley Mo Date signed 1-2-45

1337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DICKENS BLDG. 01 Room No. 7,
12-44-1525
1-12-45

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 *Keith M. Hayes*
Licensed Embalmer No. 3998
P. O. Address *Edson 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.