

FILED FEB 20 1945  
77

Registration District No.

Primary Registration District No.

3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(d) Street No. Washington Park  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Nora M. Jeffrey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Joseph Antonson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased \_\_\_\_\_

8. AGE:

Years 66 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_

9. Birthplace

Mo. U

10. Usual occupation

Housewife at home

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. (a) Informant

Joseph Jeffrey

(b) Address

Washington Park

17. (a) Burial, cremation, or removal

Interment

18. (a) Signature of funeral director

James Brown

(b) Address

700 Jefferson

19. (a) Date received local registrar

2-10-45

(b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1944 to \_\_\_\_\_ 1945  
that I last saw him alive on Feb 9 and that death occurred on the date and hour stated above.

Immediate cause of death: Recurrent heart attack sclerosis  
Due to Peptic ulcer

Other conditions (Include pregnancy within 3 months of death) None

Major findings:

Of operations None  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(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. Brown (M. D. or other) \_\_\_\_\_  
Address Jefferson City Date signed 2/10/45

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

6  
5  
4

*[Handwritten signature]*

**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 *[Handwritten Signature]*.....

Licensed Embalmer No. *3641*.....

P. O. Address *[Handwritten Address]*.....

**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.**