S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1945

State File No. 33918

Registration District No. ~~3026~~ Primary Registration District No. 3026 Registrar's No. 248

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium & Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Hours (Specify whether In this community 21 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 49

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

(d) Street No. 1504½ Ash Avenue (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PEARL C. JEFFERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Laird B. Jeffers

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 13, 1900 (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Grant
13. Birthplace No Data (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie A. Williamson
15. Birthplace Osawatomie, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Laird B. Jeffers

(b) Address Kansas City, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/20/45 (Month) (Day) (Year)

(c) Place: burial or cremation Osawatomie, Kansas

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Missouri

19. (a) 9-19-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 16, year 1945 hour 10 minute 23 P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1945, to Sept 16, 1945 that I last saw her alive on Sept 16, 1945; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral embolism | 7½ hrs |
| left hemiplegia | |
| Due to micro stenosis | 25 yrs |
| auricular fibrallation | |
| Due to cardiac Hypertrophy | |

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 95c

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas E. Nichson Jr (M. D. or other) MD

Address Independence Mo Date signed 9-17-45

1163 (Licensed Embalmer's Statement on Reverse Side)

**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 Roland D. Sparks

Licensed Embalmer No. 3604

P. O. Address Independence

**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.**