

FILED NOV 17 1945
Registration District No. 140

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 Pierce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community always
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 411 Pierce
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELWA ISETTA JEFFRIES

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H. Jeffries 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May 15 1895
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name John H. Lawrence
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ednah Ellen Smith
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roland Peyer
(b) Address 311 E. Walnut Springfield Mo.

17. (a) Burial (b) Date thereof 10/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beary Church

18. (a) Signature of funeral director Palmer

(b) Address Lebanon Mo.

19. (a) Oct. 14, 1945 (b) Oris H. Frankenburg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1945 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7/7/45
_____ 19 _____ to 10/3/45 19 _____
that I last saw her alive on 10/3/45 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Endocarditis & Mitral Stenosis Duration 3 mo

Due to Rheumatic fever in childhood

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 720
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 John H. Beckham (M. D. or other) M. D.
Address Lebanon Mo. Date signed 10/16/45

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

13
1
2

1463

Received
Laclede County Health Unit
File No. 10-45-138
Date Filed 11/15/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *S. R. Palmer*

Licensed Embalmer No. 2208

P. O. Address *Liberon 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.