

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

2281

FILED JAN 31 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 46

Primary Registration District No. 3008

Registrar's No. 45

1. PLACE OF DEATH:

(a) County CALLAWAY
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Robert EARL JEFFERSON

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LORENE BERGER 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased July 19 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>6</u>	<u>0</u>	hr. min.

9. Birthplace CALLAWAY CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
 12. Name George JEFFERSON
 13. Birthplace Vir.
(City, town, or county) (State or foreign country)
 14. Maiden name KATIE HOBHAND
 15. Birthplace Vir.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS EARL JEFFERSON
 (b) Address Fulton, Mo

17. (a) BURIAL (b) Date thereof JAN. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director Henry G. Mansi
 (b) Address 712 Court St. Fulton, Mo.

19. (a) Jan 21-1946 (b) Jessie Morsinkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. 5 Fulton, 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 20
 year 1946 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from January 18, 1946, to January 20, 1946;
 that I last saw him alive on January 20, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Spinal cord Injury Duration 2 Days

Due to Cervical Fracture Dislocation 2 Days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 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) Automobile Accident
 (b) Date of occurrence January 17, 1946 70
 (c) Where did injury occur? Montgomery Co. Missouri
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
public Highway
(Specify type of place)
 While at work? (e) Means of injury Automobile
 Signature Lloyd E. Hutchins (M.D. or other) D.O.
 Address Fulton, Missouri Date signed 1/20/1946

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 1-30-46

FEB 4 1946

FEB 13 1946

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 Glen J. Marpin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 46

Primary Registration District No. 3008

Registrar's No. 45

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Robert E. Jefferson

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

5. Color or race m w
 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 19
(Month) (Day) (Year)

8. AGE: Years 41 Months _____ Days _____
(If less than one day)
 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 Jan Day 17 Year 1946 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 17 to Jan 20, 1946
 that I last saw him alive on Jan 20, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Fracture Dislocation of Cervical vertebra Duration 2 Days

Due to Automobile Accident

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: (Non collision) 1906-8
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Automobile Accident

(b) Date of occurrence Jan. 17, 1946

(c) Where did injury occur? Montgomery Co., Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)

While at work? yes (c) Means of injury Automobile

23. Signature Lloyd S. Hutchins (M.D. or other) D.O.
 Address Fulton, Mo. Date signed 1/20/1946

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

SUPPLEMENTAL

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Mr. Jefferson and his brother-in-law was riding in his auto on a public highway, and a car was approaching them, and Mr. Jefferson pulled to far to the right and discovered that he was to far out on the highway shoulder from being blinded by the approaching auto lights at that time he attempted to pull back on the highway, and something happened to cause the car to get out of control and roll-over on the highway and stopping on its wheels, at that time both occupants fell out of the right door to the highway surface in an unconscious state of mind. Both regained consciousness at a later date and did not know if the other car touched them or not. The approaching car did not stop at time of accident and we have no way finding out who the occupants of this second car are. Therefore, this is a short history of the case and you can interpret the situation for me.

Respectfully yours,

Lloyd E. Hutchins, D.O.

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