S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3400

State File No.

FILED FEB 25 1946

Registration District No. 2 2 1

Primary Registration District No. 4331

Registrar's No. 7 -

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Jamestown Mo 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

3. (a) PRINT FULL NAME Martha Edna Lefever

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 Charles D Lefever

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

7. Birth date of deceased 10 (Month) 16 (Day) 1880 (Year)

8. AGE: Years 65 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Morgan Co. Stover Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William T. Phillips
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Holt
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Gregory Lepier
(b) Address Jamestown, Mo

17. (a) Jamestown (Burial, cremation, or removal) (b) Date thereof 2-2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Orthodox Cemetary

18. (a) Signature of funeral director Chas Fullrich
(b) Address Jamestown Mo

19. (a) 2-2-1946 (Date received local registrar) (b) Yada M. Snow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 1946 hour 11-45 (1145) minute A M.

21. I hereby certify that I attended the deceased from 1-22 1946 to 1-31 1946 that I last saw him alive on 1-31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage apoplexy — Duration 8 Days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A L Meredith (M. D. or other) Rural

Address Prairie House Date signed 2-1-46

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(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 Hugh L. E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.