

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
926 Edmond /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 926 Edmond 7
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Chapin Jefferies

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male (5. Color or race white)
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Stevea B. Jefferies
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June 9, 1374 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	29	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

12. Name LeRoy Jefferies
13. Birthplace Albany New York (City, town, or county) (State or foreign country)
14. Maiden name Betty Karns
15. Birthplace Saxton Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. C. Jefferies

(b) Address St. Joseph

17. (a) burial (b) Date thereof 2/10/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director

(b) Address St. Joseph, Mo.

19. (a) Feb. 14, 1946 (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1946 viewed 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 9th 1946 to 19... that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to

Due to

Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 B. W. Tullok Coroner (M. D. or other)

Address King Hill Bldg Date signed

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

35000

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 8 Feb 4

Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold Bauman

Licensed Embalmer No. 3619

P. O. Address St. Joseph M

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.