

S. No. 2
A-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5052

FILED MAR 6 1946

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 13

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution:
1005 MAIN ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
15 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER 27**

(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")

(d) Street No. **1005 MAIN ST.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT HOUSTON JEFFRESS**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **2nd**
year **1946** hour **1:50** minute P.M.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced, **WIDOWED**

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

7. Birth date of deceased **OCTOBER 17 - 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **FEB 2**, 1946, to **FEB 2**, 1946; that I last saw him alive on **FEB 2**, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 3 16 hr. min.

Immediate cause of death:
Bronchial Pneumonia Duration **20 days**

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Due to.....
Due to.....

10. Usual occupation **RETIRED FARMER**

Other conditions **DIABETES** (Include pregnancy within 3 months of death) **10 yrs**

11. Industry or business **RETIRED**

Major findings: Of operations.....

12. Name **JOHN R. JEFFRESS**

Of autopsy..... **bl**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14. Maiden name **ISABELLE LOWREY**

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

16. (a) Informant **MISS RUTH JEFFRESS**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof (Month) (Day) (Year)
PILOT GROVE, MO.

(c) Place: burial or cremation.....

18. (a) Signature of funeral director **STEGNER BOONVILLE, MO.**

(b) Address.....

19. (a) **2/4/46** (b) **Clay Harris**
(Date received local registrar) (Registrar's signature)

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 **g**

23. Signature **M.A. Jones** (M. D. or other) **D.O.**

Address **BOONVILLE, MO.** Date signed **2-4-46**

(Licensed Embalmer's Statement on Reverse Side)

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

4057

27
1
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-5-46

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..... *James W. Stegner*

Licensed Embalmer No. *3780*

P. O. Address..... *Boonville, 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.