S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

State File No. 26377

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 906

1. PLACE OF DEATH:

(a) County Buch

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

(c) Name of hospital or institution: Mercy Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town Union Star 0
(If outside city or town limits, write "RURAL")

(d) Street No. ~~[illegible]~~ 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Ann Jeaford

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward D. Jeaford

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

7. Birth date of deceased October (Month) 3 (Day) 1880 (Year)

8. AGE: Years 65 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Andrew Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Williams
13. Birthplace ---------- Iowa (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Nancy Pemberton
15. Birthplace Buch. Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Helen Miller
(b) Address Union Star

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lyle M. Wilson
(b) Address King City, Mo.

19. (a) Aug. 13, 1946 (Date received local registrar) (b) A. J. Kristensen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1946 hour ~~[illegible]~~ minute 50 P. M.

21. I hereby certify that I attended the deceased from August 2, 1946, to August 12, 1946; that I last saw he alive on August 12, 1946; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Peritonitis from perforation of the sigmoid colon

Due to cancer of the sigmoid

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46°

Of autopsy Cancer of the recto-sigmoid with abscess of the sigmoid

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 2

23. Signature J. J. Jewett (M. D. or other) MD

Address St. Joseph Mo Date signed 8-12-46

(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.....Lucile M. H. Wilson.....

Licensed Embalmer No.....2830.....

P. O. Address.....Kansas City, 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.