

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8354
Registrar's No. 75

FILED APR 2 1947
Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town JEFFERSON CITY
(c) Name of hospital or institution: 701 VIRGINIA
(d) Length of stay: In hospital or institution. 20 YEARS
In this community 20 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town JEFFERSON CITY
(d) Street No. 701 VIRGINIA
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME MILLIE ANN JEFFERY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9th year 1947 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb 22, 1947, to Mar 9, 1947
that I last saw her alive on Mar 9, 1947 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife John R. Jeffery
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased APR 20 1870

Immediate cause of death Carcinoma of the throat
Due to age
Duration _____

8. AGE: Years 69 Months 10 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace CALLAWAY Co. MO
10. Usual occupation Housewife

11. Industry or business _____
12. Name JAMES HUMPHERY
13. Birthplace MOKANE MO
14. Maiden name AMELIA WITT
15. Birthplace MOKANE MO

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

16. (a) Informant John R. Jefferies
(b) Address JEFFERSON CITY, MO
17. (a) BURIAL (b) Date thereof MAR 11, 1947
(c) Place: burial or cremation MOKANE

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Elen G. Mangin
(b) Address 712 Court St. Fulton, Mo.
19. (a) 3-25-47 (b) R. P. Davis MD

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature L. A. T. McCoy MD
Address Jefferson City, Mo Date signed 3/14/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/47

MAR 32 1959

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. Manpin

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.