

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 26 1947 STANDARD CERTIFICATE OF DEATH

State File No. 16857

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo.
(c) Name of hospital or institution: Rural Tuley
(d) Length of stay: In hospital or institution 7 Days
In this community 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Colorado
(c) City or town Brandon Colorado
(d) Street No. Home Rural
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Albert C. Jefferson
(b) If veteran, name war No.
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 year 1947 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 2, 1947 to May 2, 1947
that I last saw him alive on May 2 3:00 P.M. 1947 and that death occurred on the date and hour stated above.

4. Sex M Color or race W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 5 years 1875

Immediate cause of death Coronary Thrombosis
Due to unknown
Duration 2 hrs

8. AGE: Years 71 Months 9 Days 25

Other conditions
Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

9. Birthplace Nebraska
10. Usual occupation Farmer

11. Industry or business
12. Name Phoina Jefferson
13. Birthplace England
14. Maiden name Sarah Jefferson
15. Birthplace England

16. (a) Informant Archie Jefferson
(b) Address Ozark Mo.
17. (a) Removal (b) Date thereof May 2, 1947
(c) Place: burial or cremation Calba Nebraska

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 T. B. Chaffin
(b) Address Ozark Mo.
19. (a) May 3 1947 (b) Sarah M. Leonard

While at work? (c) Means of injury
23. Signature R. R. Farthing (M. D. or other)
Address Ozark Mo. Date signed 5-3-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
22
0
K
4-14
5/26/47

JUN 11 1947

MAY 27 1947

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..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address..... *Ogark, 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.