FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1402

State File No. 27749

Registrar's No. 3456

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2441 Flora Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2441 Flora Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Eddie Nolan Jefferson
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April 18, 1917 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	3	20	..... hr. ..... min.

9. Birthplace: Kansas City, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Charles Jefferson
13. Birthplace: Platte County, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Elliott
15. Birthplace: Leavenworth, Kansas
(City, town, or county) (State or foreign country)
16. (a) Informant: Anna Mae Jefferson
(b) Address: 2441 Flora Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland
18. (a) Signature of funeral director: Nathaniel Page
(b) Address: 1729 Lydia Ave.
19. (a) 8-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1947 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 2, 1947, to August 8, 1947 that I last saw him alive on August 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple abscesses of right hand and forearm	1 week
Due to: Toxemia	1 week
Due to: staphylococcus infection (source unknown)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 152
Of autopsy:

PHYSICIAN — Underline the cause of 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:
23. Signature: [illegible] (M. D. or other) [illegible]
Address: 2434 Vine St. Date signed 8-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 I. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.