

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35242

State File No. _____

Registrar's No. 360

FILED NOV 10 1947

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Boothwell Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 hrs. 24 min.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Patricia Ann Jeffries

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 29, 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
19 hr. 24 min.

9. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Edgar Jeffries
13. Birthplace Beaman, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Cherokee Reams
15. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Jeffries
(b) Address Beaman Mo.

17. (a) Burial (b) Date thereof 10-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union cemetery

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.

19. (a) 10-29-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Beaman R.R. #1 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th
year 1947 hour 11:00 minute a.m.

21. I hereby certify that I attended the deceased from 10-28
3:24 P.M., 1947, to 10-29, 1947,
that I last saw her alive on 10-28 11:00 a.m., 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature Birth 6 1/2 months

Due to over work 19 hr. 24 min.
Plas & hauling them to house
Due to a little wagon.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury U

23. Signature W. E. Best, M.D. (M. D. certifying)
Address Sedalia Mo. Date signed 10-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-6-47

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.....

working under my personal supervision.

Registered Apprentice No. _____

Signed.....

Licensed Embalmer No. _____

P. O. Address.....

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.