S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37739

Registrar's No. 990

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days 0 (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1007 South Weller Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HOWARD C. JEFFERS
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Catherine Jeffers
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June (Month) 4, (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Greenwood, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Pharmacist
11. Industry or business Pharmacy

FATHER
12. Name Clinton Jeffers
13. Birthplace Unknown (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Coburn
15. Birthplace Unknown (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Mrs. Catherine Jeffers (Wife)
(b) Address 1007 South Weller Avenue, City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Independence, Missouri
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 11-20-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18, year 1947 hour 10: minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1947 to Nov. 18, 1947 that I last saw him alive on Nov. 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	10 da
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations —
Of autopsy —

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 0

23. Signature S. P. Moodey (M. D. or other)
Address Springfield, Mo Date signed 11/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 16 1949

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 Julian Ro Goodwin, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Kindle

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.