S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11165

Registration District No. 324 | Primary Registration District No. 3072 | Registrar's No. 61

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 428 N. Conway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 428 North Conway (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Robert Edward Jefferson
3. (b) If veteran, name war —
3. (c) Social Security No. 712-07-1222
4. Sex M. 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ella Jefferson
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Jan 27 (Month) 1891 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	11	hr. min.

9. Birthplace Navasota Texas (City, town, or county) (State or foreign country)
10. Usual occupation Rail Road Laborer
11. Industry or business Rail loading
FATHER
12. Name Jeff Jefferson
13. Birthplace Macon Georgia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anne Jefferson
15. Birthplace Navasota Texas (City, town, or county) (State or foreign country)
16. (a) Informant Ella Jefferson
(b) Address 428 N. Conway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fair View Cem Marshall Mo
18. (a) Signature of funeral director Helen Smo
(b) Address Marshall Mo.
19. (a) 3-15-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
48 year 11 hour 00 minute 17 M.
21. I hereby certify that I attended the deceased from Jan 13th 1948 to March 9th 1948
that I last saw him alive on March 9th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease — Duration Dont Know.
Due to Dont Know.
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
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 ..... (Specify type of place)
While at work? ..... (e) Means of injury ()
23. Signature W. H. Madison (M. D. ~~or other~~)
Address Marshall, Mo. Date signed 3-13-48

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

RECEIVED
District Health Officer No. 8,
District File Number 24
Date Filed 3-24-48

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 George H Green

Licensed Embalmer No. 4220

P. O. Address Marshall 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.