No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12654

Registrar's No. 1403

48
3
8

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: General Hospital No. 1 ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 605 Cleveland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Nora Jeffers
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: 8 (Month) - 19 (Day) - 1872 (Year)

8. AGE: Years 75 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace: Logan Point (City, town, or county) Ind (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER
12. Name: no Record
13. Birthplace: no Record (City, town, or country) (State or foreign country)
14. Maiden name: no Record
15. Birthplace: no Record (City, town, or country) (State or foreign country)

16. (a) Informant: Mrs Helen Schmabl
(b) Address: City Hall (Social worker)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope K C Mo
18. (a) Signature of funeral director: Shull Funeral Home
(b) Address: K C Mo
19. (a) 3-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 19, 1948 to March 24, 1948 that I last saw her alive on March 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion with cerebral embolus	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	

Major findings: Of operations: 94a
Of autopsy: None

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: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp Date signed: 3-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Taylor

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 Charles E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed J. P. Schell

Licensed Embalmer No. 3825

P. O. Address KC 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.