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 APR 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13307

Registration District No. 700 · Primary Registration District No. 3041 · Registrar's No. 296

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 .....

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

3. (a) PRINT FULL NAME: Jessie W. Maffrey
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug (Month) 26 (Day) 1879 (Year)

8. AGE: Years 70 | Months 6 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Meadville (City, town, or county) Pa (State or foreign country)
10. Usual occupation: House wife
11. Industry or business .....
MOTHER FATHER
12. Name: Albert M. Williams
13. Birthplace: Ohio (City, town, or country) (State or foreign country)
14. Maiden name: Rachel Lillie Allen
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant: August Maffrey
(b) Address: Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakwood Macon Mo
18. (a) Signature of funeral director: Stephens & Goodding
(b) Address: Macon, Mo
19. (a) 4/5/48 (Date received local registrar) (b) Nell McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour ..... minute ..... A.M.
21. I hereby certify that I attended the deceased from June, 1947 to Feb 29, 1948 that I last saw he alive on Feb 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 wks.
Due to	
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 place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: Howard Miller (M. D. or other)
Address: Macon Date signed: Feb 29, 1948

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-696
APR 14 1948
Date Filed

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.