

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19748
Registrar's No. 192

FILED JUL 13 1948

Registration District No. 246

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours
(Specify whether in this community 9 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Oskaloosa 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MR. EDGAR PAUL JEFFERY

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 1:20 minute A M.

4. Sex male 0 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Margaret Jeffery

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Sept. 2, 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from home, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

45 9 24 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 3

9. Birthplace Stockton, Kansas
(City, town, or county) (State or foreign country)

Due to arterio sclerosis

Due to _____

10. Usual occupation Trucker

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

11. Industry or business self employed

Major findings: Of operations _____

12. Name George Jeffery

13. Birthplace unknown, Iowa
(City, town, or county) (State or foreign country)

Of autopsy no history & inspection

14. Maiden name Teresa McKanna

15. Birthplace Stockton, Kansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Margaret Jeffery

(b) Address Oskaloosa, Kansas

(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? _____

17. (a) removal (b) Date thereof 6/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oskaloosa, Kansas

(Specify type of place) _____

While at work? _____ (c) Means of injury Car

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

23. Signature Paul W. [unclear] (M. D. or other) _____

Address 11424 1/4 Hwy 2 Date signed 6-26-48

19. (a) 6-28-48 (b) _____
(Date received local registrar) (Registrar's signature)

JUL 13 1941

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 *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.