FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 25507

Registrar's No. 949

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Renick St. 7
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jackie Ann Lefler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 1 (Day) 1948 (Year)

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

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Marcellue Lefler 1
13. Birthplace Hamilton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Thurley Ethlyn Taylor 0
15. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John M. Lefler
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 9-9-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3821

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7
year 1948 hour 7 minute 41 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1948 to Sept. 7, 1948
that I last saw her alive on Sept. 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Marcelin of Liver & Occlusion Bile ducts

Due to Inflammation of Portal Vein & liver

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

125B

Duration

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 2

23. Signature W. E. Harbock (M. D. or other) DO

Address St. Joseph Mo Date signed 9/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 11th, Dy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.