

National Office of Vital Statistics
FILED FEB 7 1949

Registration District No. **27-14195**

Primary Registration District No. **19-5-5714**

Registrar's No. **4**

1. PLACE OF DEATH:
(a) County **Madison**
(b) City or town **Paragould**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **None** years, months or days)

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

3. (a) PRINT FULL NAME **Mary Catharine Jeffers**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **2nd**
year **1948** hour **7** minute **2** M.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **John Jeffers**
6. (c) Age of husband or wife if alive **112** years
7. Birth date of deceased **May 11th 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-1**, 19**48** to **Death**, 19**48**
that I last saw **her** alive on **10-25**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Arteriosclerosis**

8. AGE: Years **89** Months **5** Days **21** If less than one day
9. Birthplace **Kings Valley, Ky**
(City, town, or county) (State or foreign country)

Due to _____
Due to **4/2/41**
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Housewife**
11. Industry or business **Saw Smith**
12. Name **Saw Smith**
13. Birthplace **Kings Valley - Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Beatty**
15. Birthplace **Boulogne New York**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **aut**

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Ray Hart**
(b) Address **Rayville, Mo**
17. (a) _____ (b) Date thereof **11-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

18. (a) Signature of funeral director **W. M. Humphrey**
(b) Address **Rayville, Mo**
19. (a) **1-29-49** (b) **M. B. Bradley**
(Date received local registrar) (Registrar's signature)

23. Signature **H. M. Blackberry M.D.**
Address **Rayville, Mo** Date signed **11-9-48**

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 249-163
Date Filed 2-4-49

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
R.M. Humphrey, Jr. Registered Apprentice No. 285
working under my personal supervision.

Signed Mayne E. Humphrey
Licensed Embalmer No. 4262
P. O. Address Princeton, N.J.

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.