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FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Dr. Hendrix

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2327

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
26  
5  
4

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
309 1/2 Monroe Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 1/2 Monroe Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Mrs. Mary Waters  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife George Waters 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 8 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 12 hr. min.

9. Birthplace Columbus Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name W. D. Payne

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jeffries

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Stalger

(b) Address Columbia, Missouri

17. (a) Burial (b) Date thereof Jan-23-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmer View Cemetery

18. (a) Signature of funeral director W. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-23-41 (b) W. J. Gordon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 20th  
year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 19, 1941 to Jan 20, 1941  
that I last saw her alive on Jan 19, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Atherosclerosis infarctive of all age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. Keith Hendrix

Address 280 1/2 E High Jefferson City signed Jan 21, 1941

Duration

2 hrs.

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Thos J Gordon*  
Licensed Embalmer No. *1986*  
P. O. Address *Jefferson City 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.**