

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1946
STANDARD CERTIFICATE OF DEATH

33099

State File No. _____

Dr. Gillham
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 240

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 27 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL.") 4

(d) Street No. 1223 Lee
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mrs. Margaret Sevier

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1946 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov.
4, 1944 to Oct 22, 1946
that I last saw her alive on Oct. 21, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Nike G Sevier

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

7. Birth date of deceased Dec-6-1892
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration 48 hr.

Due to Chronic endocarditis 2 year

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>16</u>	_____ hr. _____ min.

Other conditions Chronic parenchymatous nephritis 2 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1318

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John B Freeman

13. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Jones

15. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hugh Maggoner

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

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

(b) Address Jefferson City, Missouri

19. (a) 10-25-46 (b) R.P. Jones M.D.
(Date received local registrar) (Registrar's signature)

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) _____
(Specify means of injury) _____

23. Signature Dr. Gillham (M.D. or D.O.) M.D.
Address Jefferson City, Mo. Date signed 10/22/46

~~Date Filed 1-30-46~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

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 *Ernest Louis Jones A.*

Licensed Embalmer No. *2441*

P. O. Address *Jefferson*

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.