

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 21 1947

Registration District No. 141

Primary Registration District No. 5550

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution Carefield Mo.
(If not in hospital or institution, write street number or location)

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

In this community 76 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town Carefield
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Josephine Elizabeth Jaffar

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

4. DATE OF DEATH: Month 3 day 24
year 1947 hour 2 minute 30 P.

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife W.B. Jaffar 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 19-1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 16, 1947, to March 22, 1947; that I last saw him alive on March 22, 1947; and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Acute myocarditis

9. Birthplace Howell Co., Mo.
(City, town, or county) (State or foreign country)

Due to bronchopneumonia

10. Usual occupation Housewife

Due to _____

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

11. Industry or business _____

Major findings: _____

Of operations 16

12. Name W.R. Roberson

Of autopsy _____

13. Birthplace Mary, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Ruppston

15. Birthplace Carefield, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Jaffar

(b) Address Carefield, Mo.

17. (a) _____ (b) Date thereof 3-25-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Fowler Cemetery

18. (a) Signature of funeral director Roberts

(b) Address West Ham, Mo.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

(c) 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 D. B. B... (M. D. or other) _____

Address Carefield, Mo. Date signed 3-11-47

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

11
0
7

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 547305

Date Filed 5-20-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.