

S. No. 2  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 29 1948  
Registration District No. 188

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 193466  
Registrar's No. 1-48

Primary Registration District No. 1885705

1. PLACE OF DEATH:  
(a) County Sturgeon  
(b) City or town North Branch, Pa. Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 29 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Josephine Jefferies

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race A- 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife James Jefferies 6. (c) Age of husband or wife if alive Deceased years  
Birth date of deceased March 18 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Black (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

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

12. Name Wm E. Thompson

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

14. Maiden name Unknown

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

16. (a) Informant Wages Minor (b) Address Hale, Mo.

17. (a) Burial (b) Date thereof 3-16-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairland Cemetery, Front E. State

18. (a) Signature of funeral director Hale (b) Address Mo.

19. (a) 3-15-48 (b) Mrs Earl Hoss (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March, day 14, year 1948 hour 3, minute A, M.

21. I hereby certify that I attended the deceased from 18 1942, to March 14, 1948; that I last saw her alive on March 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration 10 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 46 B

Of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Dr. Alvin A. Wash (M. D. or other) MD  
Address Hale, Mo. Date signed 3-15-48

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

9  
0  
0

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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.....

*Joseph E. Slater*

Licensed Embalmer No. ....

*937*

P.O. Address.....

*Holt 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.**