

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

3074  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Jupiter Primary Registration District No. 2002 Registered No. 1207  
 (c) City Jupiter (d) Street No. 1207 Jupiter St St. Mo  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Theresa Jane Jeffries  
 (a) Residence, No. 1207 Jupiter St S. 306 (If nonresident, give city or town and State) Mo

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norman J. Jeffries  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1881  
 7. AGE YEARS 37 MONTHS 0 DAYS 0 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan  
 FATHER 13. NAME T. J. Clark  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan  
 MOTHER 15. MAIDEN NAME Edith Antelope  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Norman Jeffries (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Bk DATE 4-19-1938  
 19. FUNERAL DIRECTOR (ADDRESS) W. A. Loveland  
 20. FILED 1-10-38 Ed J. James Local Registrar. 372 (Address) Jupiter Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938, to \_\_\_\_\_, 1938.  
 I last saw her alive on Jan 8 1938. Death is said to have occurred on the date stated above, at 5:45 AM.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
 Date of onset 108  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. A. Loveland, M. D.  
 (Address) Jupiter Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

J. E. Land

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 2548  
working under my personal supervision.

Signed *Steve Parker*  
\_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

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.)