

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... BUCHANAN
Township..... WASHINGTON
City..... ST. JOSEPH, (No. ST. JOSEPH'S HOSPITAL

Registration District No.....
Primary Registration District No.....
St. JOSEPH'S HOSPITAL

File No.: 28388
Registered No.: 001
St. Ward)

2. FULL NAME

EUGENE F. JEFFRIES,

(a) Residence, No. 1416 SOUTH 13TH ST., St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 17, 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 7 6

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. STUDENT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ROOSEVELT JR. HIGH SCHOOL
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH, MISSOURI
(STATE OR COUNTRY)

13. NAME A. M. JEFFRIES,

14. BIRTHPLACE (CITY OR TOWN) EASTON, MISSOURI
(STATE OR COUNTRY)

15. MAIDEN NAME MINERVA KELLY

16. BIRTHPLACE (CITY OR TOWN) GLENWOOD, IOWA.
(STATE OR COUNTRY)

17. INFORMANT MR. & MRS. A. M. JEFFRIES
(ADDRESS) 1416 SOUTH 13TH, ST. JOSEPH, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE JAMES, EASTON, Mo. DATE AUGUST 26, 1938

19. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 8/26 1938 H. M. Medley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8.15.38, 19, to 8.23.38, 19.

I last saw h. i. m. alive on 8.23.38, 19. Death is said

to have occurred on the date stated above, at 8:10 P. M.

The principal cause of death and related causes of importance were as follows:

Left pleural (lobe tumor) (type unknown) 7.15.38
552

Other contributory causes of importance:

Name of operation
What test confirmed diagnosis? Toxey 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) J. H. Rea M. D.
(Address) St. Joseph, Mo

I HEREBY CERTIFY THAT THIS BODY WAS
PREPARED, BY MYSELF, FOR BURIAL

John E. Rupp

L.E. # 3986

STATEMENT BY LICENSED EMBALMER

I, John E. Rupp, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

certificate was embalmed by myself.

or by _____ Registered Apprentice No. _____

(Signed) John E. Rupp

Licensed Embalmer No. 3986

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)