

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15648  
Do not use this space.

MAY 22 1939

1. PLACE OF DEATH

(a) County Newton Registration District No. 609  
 (b) Township ..... Primary Registration District No. 4363  
 (c) City Neosho (d) Street No. Reynolds Hospital St.  
 (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 Donald Robert Jeffery

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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) July 8, 1926  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
12 8 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In School  
 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) Crab Orchard /  
 (STATE OR COUNTRY) Nebraska

FATHER 13. NAME Raymond Jeffery /

14. BIRTHPLACE (CITY OR TOWN) Crab Orchard /  
 (STATE OR COUNTRY) Nebraska

MOTHER 15. MAIDEN NAME Bessie Sorenson

16. BIRTHPLACE (CITY OR TOWN) McCook  
 (STATE OR COUNTRY) Nebraska

17. INFORMANT Raymond Jeffery  
 (ADDRESS) Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Gibson Cem DATE 3-15 1939

19. FUNERAL DIRECTOR (NAME) Corley Thompson  
 (ADDRESS) Neosho Missouri 543

20. FILED 4-10 1939 Donald R. Salatin  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 19 39

I HEREBY CERTIFY, That I attended deceased from Mar 9 1939, to Mar 14 1939  
 I last saw him alive on Mar 14 1939. Death is said to have occurred on the date stated above, at 12:35 AM  
 The principal cause of death and related causes of importance were as follows:

General Peritonitis following a ruptured appendix  
 Date of onset 12/1

Other contributory causes of importance: 12/1

Name of operation Drainage Date of 3/13 39  
 What test confirmed diagnosis? ..... 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) D. Reynolds M. D.  
 (Address) Neosho 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.

**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

*Gail K. Gay*

Registered Apprentice No. *189*, working under my personal supervision.

Signed

*Carly Thompson*

(Licensed Embalmer No. *3259*)

P. O. Address

*N. Loos 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, above space should be left blank.**