

REC'D SEP 15 1939

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

28895  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay Registration District No. 197  
(b) Township Gallatin Primary Registration District No. 5276A Registered No. \_\_\_\_\_  
(c) City North K.C., Mo. (d) Street No. 2018 Fayette 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 John James Jefferies

(a) Residence, No. 2018 Fayette St. North K.C., Mo. 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Frances Jefferies  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1852.  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 3 6 56 yr.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Burlington Station Agent  
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) April 1925. 11. Total time (years) spent in this occupation 56 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swainville, New York

FATHER 13. NAME John James Jefferies

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Byron, New York

MOTHER 15. MAIDEN NAME Sarah Ann Minor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Byron New York

17. INFORMANT Mrs. Gertrude Jefferies Thrailkill  
(ADDRESS) 2018 Fayette, North K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Savannah Mo. DATE June 19, 1939

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home  
(ADDRESS) North K.C., Missouri.

20. FILED Aug 30, 1939 Viola C May  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1939, to 6-17 1939.  
I last saw him alive on 6-17 1939. Death is said to have occurred on the date stated above, at 3:27 p.m.  
The principal cause of death and related causes of importance were as follows:

Nephritis  
131  
Date of onset 1937

Other contributory causes of importance?

Prostatic infection

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? yes 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 None of importance! M. D.

(Signed) North Hanover Co. Md.

Per L. M. A. (Licensed Embalmer's Statement on Reverse Side)

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.

Date filed 9/21/39  
District File Number  
Health Officer No. 8

**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 *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address *North 16th*

**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.**