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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 23 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1716

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 51

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 607 N.9th. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 39 Years 1 mo. 13 Days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 607 N.9th. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EUGENE LAYTON JEFFRIES 162

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Jeffries

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Dec. 2nd. (Month) (Day) 1900 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 39 | 1 | 13 | hr. min. |

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Yard Clerk

11. Industry or business Burlington Railway

FATHER
12. Name John F. Jeffries
13. Birthplace DeKalb County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ada Luttrell
15. Birthplace Verryville (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Mrs. L.C. Neighbor

(b) Address 2325 S.17th.St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18th. 40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Jan. 17, 1940 (Date received local registrar) (b) N.J. Nestlebush (Registrar's signature) se

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 15th. year 1940 hour 9 minute 0 P.M.

21. I hereby certify that I attended the deceased from 1/15, 1940 to Jan 15, 1940 that I last saw him alive on Jan 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis, Duration Sudden

Due to Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Raymond L. Smith (M. D. or other) D.O.

Address 223 Kirkpatrick Bldg Date signed 1/17/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 C G Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

**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.**