S. No. 2
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5-17-39
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AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24050

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2660

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C.General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community 18 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 5331 Olive Street (If rural, give location)

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

3. (a) PRINT FULL NAME Charles CARL JEFFCOAT 123

3. (b) If veteran, name war None

3. (c) Social Security No. 714-01-6491

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Blanche Jeffcoat

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

7. Birth date of deceased March (Month) 30 (Day) 1897 (Year)

8. AGE: Years 43 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Abilene (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Railway Express Messenger

11. Industry or business A-T-& Santa Fe Railroad

FATHER
12. Name Amasa Jeffcoat
13. Birthplace Kankakee (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lillie Fink
15. Birthplace Jacksonville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Roy Jeffcoat

(b) Address Fort Worth Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 2, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1940 hour 3 minute 50 A M.

21. I hereby certify that I attended the deceased from 6-13-40, 19__, to 6-30-40, 19__; that I last saw him alive on 6-30-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral subdural hematoma

Due to

Due to

Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

Duration

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 Drury R Shoor M.D. (M. D. or other)

Address Supt. K.C.Gen.Hospital, K.C.Mo. Date signed 6/30/1940

(Licensed Embalmer's Statement on Reverse Side)

M. C

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.....

Licensed Embalmer No. 4043

P. O. Address K.C. 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.

No history of trauma
in this case. Dr Buhler
says probably spontaneous
so before is should
go under 82a

Paste on back -