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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39038

FILED DEC 11 1940

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 524 South 3rd. St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laffayette

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

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(d) Street No. 524. South 3rd St (If rural, give location)

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

3. (a) PRINT FULL NAME William Calvin Jeffries

3. (b) If veteran, name war None

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 Mary L Jeffries

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Mar (Month) 22 (Day) 1860 (Year)

8. AGE: Years 80 Months 8 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Crozet (City, town, or county) Va (State or foreign country)

10. Usual occupation Farmer Retired /

11. Industry or business

FATHER
12. Name David Jeffries
13. Birthplace UNKNOWN (City, town, or county) Va / (State or foreign country)

MOTHER
14. Maiden name Polly Shelton
15. Birthplace UNKNOWN (City, town, or county) Va / (State or foreign country)

16. (a) Informant Christie Jeffries

(b) Address Odessa Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 26 (Day) 40 (Year)

(c) Place: burial or cremation Odessa Mo.

18. (a) Signature of funeral director Blinn Tuss

(b) Address Odessa Mo.

19. (a) Nov. 25-40 (Date received local registrar) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1940 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov 16, 1940 to Nov 24, 1940 that I last saw him alive on Nov 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cerebral Hemorrhage

Due to Hypertension & Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8 J.N.

Of autopsy

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? 4 / 1 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Schooley (M. D. or other)

Address Date signed Nov 26/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-7-40

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. 2945

P. O. Address Odessa 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.