

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15799**

FILED MAY 8 1942

Registration District No. **849**

Primary Registration District No. **6123**

Registrar's No. **9**

105
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County SULLIVAN

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community 70 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan

(c) City or town Rural 815
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No or No
If yes, name country _____

3. (a) PRINT FULL NAME Lee Roy Jeffries

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
year 1942 hour 3 minute 30 A.M.

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, divorced, 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Nov 3 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6 1942 to April 30 1942
that I last saw him alive on Apr 29 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Cardio-Renal Disease Duration 1

9. Birthplace ? Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER & STOCKMAN

Due to _____

Due to _____

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

Major findings: 131a
Of operations _____

Of autopsy _____

MOTHER FATHER { 11. Industry or business on farm

12. Name Jesse Jeffries

13. Birthplace ? ARK
(City, town, or county) (State or foreign country)

14. Maiden name SARAH RIGGEN

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Kelley

(b) Address Green City, Mo.

17. (a) Riggen (b) Date thereof 5-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Riggen

18. (a) Signature of funeral director W. H. ...

(b) Address Green City, Mo.

19. (a) 5-5-42 (b) W. M. ...
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. ... (M. D. or other) 1

Address Green City, Mo. Date signed 5-2-42

12/3

RECEIVED

District Health Officer No. 10

District File Number 542-926

Date Filed MAY - 7 1942

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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, fact should be so stated above.