

FILED JUN 18 1942

Registration District No. 25

Primary Registration District No. 2602

Registrar's No. 29509

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2201 South 15th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 South 15th Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Shelby Jeffords

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 Mrs. Fannie E. Jeffords 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 11, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Gower, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Burlington Conductor

11. Industry or business _____

MOTHER FATHER

12. Name Sylvester Jeffords
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie E. Jeffords
(b) Address 2201 South 15th Street

17. (a) Burial (b) Date thereof May 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director F.P. S. ...
(b) Address 602 South 10th Street

19. (a) 5-12-42 (b) Rae Heigog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1941 to May 11, 1942
that I last saw him alive on May 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart Duration _____

Due to Chronic Myocarditis

Due to Chronic interstitial nephritis

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? _____

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

23. Signature R. E. Brubaker (M. D. or other) DO.
Address 823 Farson St. Date signed May 11, 1942

123 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.