

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

64  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:  
112 A North Ninth  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Thomas Burton Jeffries

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased December 11, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John B. Jeffries

13. Birthplace Lewis County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Smarr

15. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John G. Jeffries

(b) Address Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M Smith

(b) Address 902 Broadway Hannibal

19. (a) 2/2/43 (Date received local registrar) (b) W Blommer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 112 A North Ninth  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29  
year 1943 hour about 9 minute - P.M.

21. I hereby certify that I attended the deceased ~~xxx~~ on January 29, 1943 ~~xxx~~ only Wx  
that I last saw h im alive on H January 25, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-carditis Duration 938  
Sev. years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(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 J B Whitman  
Address 502 Broadway Date signed 1-30-43

TO WHOM IT MAY CONCERN

This is to certify that I was called to view the body of Thomas Burton Jeffries, on January 29, 1943. Deceased had probably been dead several hours, but had been under the care of Dr. J. C. Chilton, who signed the death certificate. After talking to the brother and, to Dr. Chilton I deemed an inquest unnecessary.



Wm. M. Smith

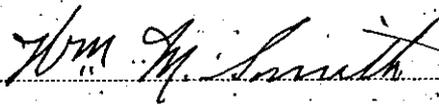
Coroner Marion County

George T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed



Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.