

Registration District No. **1000**

Primary Registration District No. **1000**

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

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: Sunny Slope Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours
(Specify whether years, months or days)

In this community Twenty Years

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. 1924 Bartlett Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Malissie Katherine Jeffries

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased September 23, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>6</u>	<u>15</u>	<u>_____</u> hr. <u>_____</u> min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Harrison

13. Birthplace Gladglov County, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Susan Savage

15. Birthplace Gladglov County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Jeffries

(b) Address 2502 South 6th Street

17. (a) Burial (b) Date thereof Apr. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Auburn Cemetery

18. (a) Signature of funeral director Mr. E. R. Sidenfader

(b) Address 602 South 10th Street

19. (a) 4-8-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7
year 43 hour 10 minute 50 P M.

21. I hereby certify that I attended the deceased from Apr 7, 1943, to Apr 7, 1943, that I last saw him alive on Apr 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Mesocarditis chronic

Due to Erysipelas 10 days

Due to _____

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

Major findings: 93d

Of operations _____

Of autopsy _____

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. M. Allaman (M. D. or other) _____

Address _____ Date signed 4/8/43

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. Sidefaden Fox*
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.