

FD JUN 7 1943 49
Registrar's District No. _____

Primary Registration District No. 1002

Registrar's No. 2285

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether
years, months or days)

In this community 30 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3716 Summit St., 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Freeman J. Jeffress

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Jeffress 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 20 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from May 11 1943 to May 15 1943
that I last saw him alive on May 14 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>10</u>	<u>25</u>	<u>hr. 0 min.</u>

Immediate cause of death Pneumonia Duration 7 day

Due to 94ae

Due to _____

Other conditions Cerebral Lesion
(Include pregnancy within 3 months of death)

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

10. Usual occupation Butcher

11. Industry or business Meat Dealer and Grocer, self

MOTHER FATHER

12. Name Unknown,

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

14. Maiden name Unknown,

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy See report.

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Jeffress

(b) Address 3716 Summit St., Kansas City, Mo.

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? _____

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature H.P. Dougherty (Specify type of place) (M. D. or S.D.)
Address K.C. Mo. Date signed 5/17/43

19. (a) 5-18-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

Dr. Frank Dicksonoor Boughnow

660 24 41.
373 Alameda

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

[Handwritten Signature]

Licensed Embalmer No. 1415

P. O. Address 15 C. M.

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.