

FILED NOV 6 1943

Registration District No. **43**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Ponlar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 hrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Bernie, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rex Ladell Jeffress, Jr.**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **3**
year **1943** hour **6:** minute **05 A** M.
21. I hereby certify that I attended the deceased from **Oct. 2**, 1943, to **Oct. 3, 1943**, 1943;
that I last saw him alive on **Oct. 3**, 1943, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 2, 1943**
(Month) (Day) (Year)

Immediate cause of death **Asphyxia**
Pneumatury
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days _____ If less than one day **10 hr. 5 min.**

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Rex Ladell Jeffress**
13. Birthplace **Bernie, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Patty Allen**
15. Birthplace **Dexter, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rex Jeffress**
(b) Address **Bernie, Missouri**
17. (a) **Burial** (b) Date thereof **Oct. 3 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bernie, Mo.**
18. (a) Signature of funeral director **Burney Funeral Home**
(b) Address **Bernie, Mo.**

19. (a) **10/18/43** (b) **Paula Anne**
(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 **Rex Ladell Jeffress** (M. D. or other) **10/21/43**
Address **Ponlar Bluff, Mo.** Date signed

Duration **1 day**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

160E

RECEIVED

District Health Office No. 2,

District File Number 1143-1386

Date Filed 11-8-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.