S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38959

FILED NOV 18 1943

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 218

88
6
3

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
109 Elizabeth /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88 6

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

(d) Street No. 109 Elizabeth
(If rural, give location)

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

3. (a) PRINT FULL NAME Jerry M. 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 Married /

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. (Month) 17th (Day) 1870 (Year)

8. AGE: Years 73 Months 1 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Attorney

11. Industry or business .....

FATHER
12. Name William Jeffries
13. Birthplace No data 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Jeffries
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 27th (Day) 1943 (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 10-27-43 (Date received local registrar) (b) Irma Navl (Registrar's signature)

1086

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 10/24/43, 19..., to ....., 19...;
that I last saw him alive on 10/24/43, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris was probable cause of death. Patient had a severe attack when I was called. Patient found dead.

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

94 b

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

23. Signature E. T. Whitaker ~~(M.D. or other)~~ D.O.
Address Moberly, Mo. Date signed 10/26/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-43-1882
Date Filed NOV 16 1943

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 Frank S DeWitt

Licensed Embalmer No. 3821

P. O. Address Haverhill, Mass

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.