. S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44068

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5258

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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 ~~13~~ days (Specify whether
In this community 12 ~~13~~ days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3044 Agnes
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JERRY DUANE JEFFRIES

3. (b) If veteran, name war N. B.
3. (c) Social Security No. N. B.

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 30th (Day), 1943 (Year)

8. AGE: Years | Months | Days 12 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Farris Jeffries
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Mary Ellen Finch
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Farris Jeffries
(b) Address 3044 Agnes Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Missouri
18. (a) Signature of funeral director Quirk and Robin Co.
(b) Address 20 West Linwood
19. (a) 12-13-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1943 hour 4: minute 45 P M.
21. I hereby certify that I attended the deceased from Nov 30, 1943 to Dec. 12, 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Immaturity
Trachea Esophageal Fistula

Due to

Due to

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 H M Gilley (M. D. or other)
Address 1624 Prof Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M. Quirk

Licensed Embalmer No. 3774

P. O. Address Kansas City, 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.