

No. 2  
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-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1489**  
Registrar's No. **5577**

FILED JAN 10 1944  
Registration District No. **149**

Primary Registration District No. **1002**

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

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:  
**3410 BENTON BLVD. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **30 YEARS**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3410 BENTON BLVD.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MR. GEORGE WILLIAM JEFFREY**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **24<sup>TH</sup>**  
year **1943** hour **9** minute **P.** M.

21. I hereby certify that I **Obtain** the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, 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 **MARRIED**

6. (b) Name of husband or wife **MRS. LILLIE O. JEFFREY** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **NOVEMBER 24 - 1872**  
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic heart disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93d**

8. AGE: Years **71** Months **1** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CHICAGO ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy **negative history**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **GEORGE W. JEFFREY**

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

14. Maiden name **MARGARET SPANTON**

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

16. (a) Informant **Mrs Lillie O. Jeffrey**

(b) Address **3910 Benton St. No. 57C no.**

17. (a) **CREMATION** (b) Date thereof **Dec 28 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMERS SONS**

18. (a) Signature of funeral director **D.W. Newcomers Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **12-28-43** (b) **T. E. Brown**  
(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 **Obafiah** 3 **12/27/43**  
Address **pen** Date signed \_\_\_\_\_

361

**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 *K. C. Moore*

Licensed Embalmer No. 4043

P. O. Address K. C. Moore

**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.**