

No. 2
-2-43
-17-39
X35697

FILED FEB 10 1944

Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-16-44-1-18-44
(Specify whether years, months or days) 25 years
In this community _____

3. (a) PRINT FULL NAME LIZZIE JEFFRIES

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Clifford Freeman 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 23 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER
12. Name Ernest Jeffries
13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Unknown ?
15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia

19. (a) Jan 21 1944 J. B. Brown
(Date received local registers) (Registrar's signature)

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. 1617 Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1944 hour 4:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 16, 1944, to January 18, 1944;
that I last saw her alive on January 18, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerated carcinoma of the stomach with rupture and metastasis to the liver. Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy Same as above

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? _____

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

23. Signature J. B. Brown (M. D. or other) _____
Address Law Hwy #2 Box E 22nd Date signed 1/20/44

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

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 *Dr. Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.