

FILED FEB 1 1944

Primary Registration District No. 3016

Registrar's No. 10

1. PLACE OF DEATH:

(a) County COLE

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

(c) Name of hospital or institution: St. MARY'S Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 days  
(Specify whether years, months or days)

In this community 4 1/2 day

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Miller

(c) City or town Rural Franklin Township  
(If outside city or town limits, write "RURAL.")

(d) Street No. Eldon, Missouri  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME EVA ETHEL JEFFRIES

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 year 1944 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 7 1944 to Jan 12 1944  
that I last saw her alive on Jan 11 1944  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROBERT C JEFFRIES 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov 5 1899  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage - Basilar Duration 6 days

Due to Cardiac Renal Disease with Hypertension 2 yrs

Due to .....

8. AGE: Years 66 Months 2 Days 7 If less than one day br. min.

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

10. Usual occupation House-work

11. Industry or business None

12. Name Joseph George

13. Birthplace unknown Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Esther Jeffries

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

16. (a) Informant Mrs Ella Dysart

(b) Address Jefferson City Mo

17. (a) Burial (b) Date thereof 1-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cem.

18. (a) Signature of funeral director Edson Mays

(b) Address Eldon Mo

19. (a) 1-12-44 (b) Orma Richter  
(Date received local registrar) (Registrar's signature)

Other conditions 12/5  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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? Jefferson City (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? no (Specify type of place) (e) Means of injury no

23. Signature James A. Wellman (M. D. or other)

Address Jefferson City Mo Date signed 12 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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 Keith M. Kaye  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.**