

FILED FEB 28 1944
Registration District No. **212**

Primary Registration District No. **5781**

Registrar's No. **93**

1. PLACE OF DEATH:
(a) County **Rural - Gloize**
(b) City or town **Rural - Gloize**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life** years, months or days

3. (a) PRINT FULL NAME **CORA NELLIE JEFFRIES**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Mark Jeffries** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec - 5 - 1883**
(Month) (Day) (Year)

8. AGE: Years **60** Months **1** Days **5** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housekeeper**

11. Industry or business **Farm**

12. Name **William P. Hale**

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

14. Maiden name **Mary Bilgen**

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

16. (a) Informant **P. Jeffries**
(b) Address **Brunley - Mo.**

17. (a) **Burial** (b) Date thereof **1 - 13 - 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunley - Mo.**

18. (a) Signature of funeral director **Ch. Casey**
(b) Address **St. Louis - Mo.**

19. (a) **Jan 15, 1944** (b) **C. R. Hawkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Miller**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Brunley - R.D.#1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **10**
year **1944** hour **9** minute **9** P.M.

21. I hereby certify that I attended the deceased from **Dec. 1, 1943** to **Jan 19, 1944**
that I last saw her alive on **Jan 19, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Gall-bladder 3 months
liver & pancreas
Due to **Chronic cholecystitis** 25 years
& cholelithiasis

Other conditions **46 f**
(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? _____ (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 **3**

23. Signature **Myron Jones** (M. D. or other) **DO**
Address **Brunley, Mo.** Date signed **1/15/44**

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

36
20/44

RECEIVED

Miller County Health Dep't.

County File Number 44-12

Date Filed 1-26-44

JAN 28 1944

DEC 20 1944

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 C. B. Basey

Licensed Embalmer No. 2694

P. O. Address Beria, 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.