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37823

FILED JUL 10 1944

Registration District No. _____

Primary Registration District No. 3062

1. PLACE OF DEATH:

(a) County Andrew Co.
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Andrew Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 4 1/2 days
In this community Immature Kings Daughter
(Specify whether years, months and days)

3. (a) PRINT FULL NAME

CARRY-Thomas Jeffcott

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 13 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Mt. Sterling Ky
(City, town, or county) (State or foreign country)
10. Usual occupation Retired house keeper

11. Industry or business _____
12. Name W.W. Pigg
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Betsy Gray
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.S. Bennett
(b) Address Hitchcock Ark
17. (a) Burial (b) Date thereof Jan 3-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Covered ma

18. (a) Signature of funeral director M. S. Phillips
(b) Address Mexico Mo.
19. (a) June 2-1944 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1944 hour 2 minute 2 A.M.

21. I hereby certify that I attended the deceased from May 28 1944, to June 2 1944,
that I last saw her alive on June 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of cardiac myocardium chr.
Due to Senility
Fractured hip ✓ 4 days

Other conditions arterio sclerosis
(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: ✓ 004
(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 R. S. Williams (M. D. or other) M.D.
Address Mexico Mo. Date signed 6/2/44

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

MOTHER FATHER

107Y

RECEIVED

District Health Officer No. 1

District File Number 7-44-12

Date Filed JUL 8 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 Roy A. McPheders
Licensed Embalmer No. 1133
P. O. Address Myrtle Ave

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.

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Cary J. Jeffcoat
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 13 1886
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her alive on _____, 19____,
and that death occurred on the date and hour stated above
Immediate cause of death Valvular disease
Chronic cardiac myocarditis

Due to Senility

Due to fracture hip
fall in her room

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy not performed

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? Mexico Audrain mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? no (Specify type of place)
(e) Means of injury fell

23. Signature R. Williams (M. D. or other) _____
Address Mexico mo Date signed 7/12/44

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

SUPPLEMENTARY

V5- Jul 28

20999

BUREAU OF CENSUS
1944 JUL 15 AM 10 03
ADMINISTRATIVE SERVICE
DIVISION