. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23760

Registration District No. FILED JUL 24 1944 9 Primary Registration District No. 1002 Registrar's No. 2890

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: 1855 - EAST 68TH STREET TERRACE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 30 YEARS 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1855 EAST 68TH STREET TERR.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --- 10

3. (a) PRINT FULL NAME MR ULYSSES GRANT JEFFERS

3. (b) If veteran, name war NO

3. (c) Social Security No. 514-07-8916

4. Sex MALE 0

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. Nellie C. ~~ELLEN JANE CLOSS~~ JEFFERS

(c) Age of husband or wife if alive 55 years

7. Birth date of deceased MAY (Month) 4 (Day) 1883 (Year)

8. AGE: Years 61 Months 2 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace FLORENCE (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation OIL BUSINESS

11. Industry or business

12. Name CHARLES PHILIP JEFFERS

13. Birthplace GALITON (City, town, or county) OHIO 1 (State or foreign country)

14. Maiden name REBECCA RIGGS

15. Birthplace FLORENCE (City, town, or county) KANSAS 1 (State or foreign country)

16. (a) Informant Nellie C. ~~Ellen Jane Jeffers~~

(b) Address 1855 E. 68th St. Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 7-12-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10TH year 1944 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from JUNE 21, 1943 to JULY 10, 1944 that I last saw him alive on JULY 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER OF URINARY BLADDER	-2 YRS
Due to WITH METASTASIS TO LUNGS	2 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

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? (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

23. Signature B. C. Quinzon (M. D. or other)

Address 6944 Prospect Date signed July 10 '44

(Licensed Embalmer's Statement on Reverse Side)

69444 Draiplet Avenue
1-4

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 23763-44
Local Registrar's No. 2890-44

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of April, 1948, before me appears Nellie C. Jeffers, who, upon her oath, states that the original record of ~~birth~~ death for Ulysses Grant Jeffers died ~~born~~ July 10, 1944, in the State of Missouri, and which was filed at Kansas City on 7/17, 1944, should be corrected as follows:

Item No. 6 B & 16 A should read Nellie C.
Instead of Ellen Jane

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nellie C. Jeffers (Wife)
Relationship.

1855 E 68th St. Terr.
Present Address.
K. C. Mo.

Subscribed and sworn to before me this 8 day of April, 1948

My Commission expires Oct 21, 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667