

7. S. No. 2
FORM-8-43
Rev. 5-17-39
-1 X37823

FILED SEP 30 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2726 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12.
(c) City or town Poplar Bluff 7 N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Eugene Wesley Jeffords

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Post 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov. 18, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 9 29 hr. min.

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

10. Usual occupation Taxi driver

11. Industry or business

MOTHER, FATHER { 12. Name George Jeffords
13. Birthplace Kentucky (State or foreign country)
14. Maiden name Pauline Briggs
15. Birthplace Sullivan, Ill. (State or foreign country)

16. (a) Informant Miss Freida Griffin-neice
(b) Address 563 Maple, Salisbury, Ill.

17. (a) Removal (b) Date thereof 9-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation xxxxxxx, Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Mo.

19. (a) SEP 18 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1944 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertrophic Endocarditis Duration _____

Due to 92

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? _____

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

23. Signature [Signature] (M.D. or other) _____
Address [Signature] Date signed 9/18/44

OCT 3 1944

DEC 22 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..... *John Ketter*.....
Licensed Embalmer No. *3880*.....
P. O. Address..... *St. Louis 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.