. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

1054

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

State File No. 1489

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 97

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~~: VINEYARD PARK HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3 WEEKS (Specify whether
In this community 8 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 910 WEST 42ND STREET 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME MR. FLOYD ROY JEFFORDS JR.

3. (b) If veteran, name war NO

3. (c) Social Security No. 474-09-7941

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or wife~~ MRS. ANNA S. JEFFORDS

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased OCTOBER 13 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days ~~24~~ 23 If less than one day hr. min.

9. Birthplace ANN ARBOR (City, town, or county) MICHIGAN (State or foreign country)

10. Usual occupation CHIEF CLERK

11. Industry or business PINKERTON'S NAT'L DETECTIVE AGENCY

FATHER
12. Name UNKNOWN JEFFORDS
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. ANNA S. JEFFORDS

(b) Address 910 WEST 42ND STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN 9 1946 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ ST. PAUL, MINNESOTA

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-8-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6TH year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1945, to Jan 6, 1946 that I last saw him alive on Jan 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of Coronary Artery — Duration 10 hrs

Due to Coronary Artery Sclerosis — 6 mos

Due to Pristolic Hypertrophy — 8 mos

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pristolectomy 12-14-45

Of autopsy [illegible] 94

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 [illegible] (M. D. ~~or other~~)

Address [illegible] Date signed 1-7-46

(Licensed Embalmer's Statement on Reverse Side)

Vineyard Park Hospital

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.....KC 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.