

FILED NOV 12 1948

Registration District No. 169

Primary Registration District No. 3621

Registrar's No. 72

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

1. PLACE OF DEATH:
 (a) County Knox
 (b) City or town Locust Hill
(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 Life
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 52
 (a) State Missouri (b) County Knox
 (c) City or town Locust Hill
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Jeffries
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 20
 year 1946 hour 10 minute P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Alice Douglass 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March - 4 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1946 to Oct 20 1946
 that I last saw him alive on Sept 1946 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis
 Duration Sept 1946 to Oct 20 1946

8. AGE: Years 88 Months 7 Days 16
If less than one day hr. min.

Due to Apoplexy and Indigestion
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 93E
 Of autopsy _____

10. Usual occupation Blacksmith

MOTHER FATHER
 11. Industry or business _____
 12. Name Hugh Jeffries
 13. Birthplace uk uk
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Knoll
 15. Birthplace uk uk
(City, town, or county) (State or foreign country)

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 2

16. (a) Informant Mrs Dewey Davis
 (b) Address Hurdland mo

17. (a) Partial (b) Date thereof Oct 23 46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Locust Hill

18. (a) Signature of funeral director Keith Hudson
 (b) Address Edina

19. (a) no. 7-46 (b) Will L. Hummel
(Date received local registrar) (Registrar's signature)

23. Signature P. O. Hylman (M. D. or other) DO
 Address Novelty mo Date signed Oct 23 46

RECEIVED
District Health Officer No. 10
District File Number 10-46-2064
NOV - 8 1946
Filed

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..... *Keith Hudson*
Licensed Embalmer No. *2415*
P. O. Address..... *Edina, 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.