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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

Registration District No. 213

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37765

Primary Registration District No. 5781

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Bramley Rural (Glaze)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Farm home 1
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Bramley
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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

4. Sex Male 0 | 5. Color or race Wh | 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida Jones Jeffries 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 13 (Day) 1872 (Year)

8. AGE: Years 74 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Bramley (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....
FATHER 12. Name George Jeffries
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Lizzie Baly
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Virgil Jeffries
(b) Address Bramley Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Jeffries Cem
18. (a) Signature of funeral director J. Bankson-Woolery
(b) Address Camdenton, Mo
19. (a) Dec. 6, 1946 (Date received local registrar) (b) Mrs. C. R. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1946 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from Sept 25, 1946 to Nov. 26, 1946 and that I last saw him alive on Nov. 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Uremia — Duration 1 Month
Due to Fracture of femur — Duration 2 Months
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations None
Of autopsy None

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) accident
(b) Date of occurrence Sept. 25, 1946
(c) Where did injury occur? Bramley (City or town) Miller (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On front porch of home (Specify type of place)
While at work? NO (e) Means of injury Fall
23. Signature Myron S. Jones (M. D. or other) DO
Address Bramley Mo Date signed 12/4/46

(Licensed Embalmer's Statement on Reverse Side)

36582

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-9-46

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 Abie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Me

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.