

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3873
Registrar's No. 24

FILED MAR 4 1947

Registration District No. 11947 Primary Registration District No. 4024

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 West St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ---
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. 401 West St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Cass JEFFRIES

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Cora E. Jeffries 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased December 29, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 19 --- hr. --- min.

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

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name James C. Jeffries

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sara Hurlaker

15. Birthplace Mt. Vernon, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora E. Jeffries

(b) Address Cassville, Mo.

17. (a) Burial (b) Date thereof 2/21/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) Mar 1 - 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th.
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 26
1947 to Feb. 18 1947;
that I last saw him alive on Feb. 18 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr.
Coronary sclerosis unkn.
Due to ---
Due to ---
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A 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 Deane Newman (M. D. or other) M.D.
Address Cassville Mo. Date signed ---

RECEIVED

District Health Officer No. 6,

District File Number 347-276

Date Filed MAR 3 1947

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 W.C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.