

1/47
17-39

FILED SEP 19 1947
Registration District No. **3028**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County. **Jasper**

(b) City or town. **Carthage**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **210 E. Chestnut**
(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 **15 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Jasper** **49**

(c) City or town. **Joplin** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **1314 Virginia** **5**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Mar Alexander Jeffries**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **M.** **W.**

5. Color **W.**

6. (a) Single, widowed, married, divorced **W.** **2**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. **January 28, 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	7	10	hr. min.

9. Birthplace. **Bentonville, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation. **retired**

11. Industry or business.....

12. Name. **No record**

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

14. Maiden name. **" "**

15. Birthplace. **" "**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Ray L. Jeffries**

(b) Address. **Kansas City, Kansas**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof. **9-10-47**
(Month) (Day) (Year)

(c) Place: burial or cremation. **Farview Parker-Hunsaker**

18. (a) Signature of funeral director. **L.B. Clenton**
(b) Address. **Joplin, Missouri**

19. (a) **9-11-47**
(Date received local registrar)

(b) **L.B. Clenton**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7** year **1947** hour **2** minute **4** M.

21. I hereby certify that I attended the deceased from **his last attack** that I last saw him alive on **19** and that death occurred on the date and hour stated above.

Immediate cause of death. **Coronary - Occlusion**

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. **947**

Of autopsy. **Coronary Occlusion**

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 name of place)

While at work? **Yes** (Specify name of injury)

23. Signature. **D. H. Bennett** (M. D. or other)

Address. **2114 Joplin** Date signed. **9/8/47**

Duration

PHYSICIAN

Underline the cause of death should be charged statistically.

47-9-761

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.