No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

Registration District No. 75

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3004

State File No. 36996

Registrar's No. 53

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home 806 W. 12th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 2 years, 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Lamar 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. 806 W. 12th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Walter C. Jeffres
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Susan Jeffres
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: April (Month) 3 (Day) 1893 (Year)

8. AGE: Years 54 | Months 7 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Horace (City, town, or county) 1 Nebraska (State or foreign country)
10. Usual occupation: Used Car Dealer
11. Industry or business:
FATHER 12. Name: John Oscar Jeffres
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Myra Harlow
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Walter C. Jeffres
(b) Address: Lamar, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 15, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cemetery Pittsburg, Kansas
18. (a) Signature of funeral director: Chiles Funeral Home
(b) Address: Lamar, Missouri
19. (a) NOV 11 1947 (Date received local registrar) (b) Marie Konapka (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 9 March 6, 1947 to ..... 19..., that I last saw h... alive on ..... He was dead. 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carbon monoxide poisoning	0
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1746	
Major findings: Of operations: 14	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): working in a Garage
(b) Date of occurrence: 11-9-47
(c) Where did injury occur? Lamar (City or town) (County) (State) 006
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? Yes (e) Means of injury: 0

23. Signature: J. Gulduer (M. D. or other)
Address: Lamar, Mo Date signed: 11-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1211
Date Filed 11-24-47

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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 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.