

FILED SEP 13 1948

Registration District No. **30**

Primary Registration District No. **5177**

Registrar's No. **22**

**1. PLACE OF DEATH:**  
 (a) County Camden  
 (b) City or town Montreal  
 (If outside city or town limits, write "RURAL")  
 (c) Name of hospital or institution: John C. Jeffries Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution life  
 In this community life  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Camden  
 (c) City or town Montreal  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Le Myra Jeffries  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race wht  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife John C. Jeffries  
 (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased 10 Dec 7 1871  
 (Month) (Day) (Year)

**8. AGE:** Years 76 Months 8 Days 19  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Miller Co, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Robert H. Robinett  
 13. Birthplace Va  
 14. Maiden name Cynthia  
 15. Birthplace Ireland

16. (a) Informant John C. Jeffries  
 (b) Address Montreal Mo

17. (a) Burial (b) Date thereof Aug 28-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cem

18. (a) Signature of funeral director Banksau-Wooler  
 (b) Address Camden, Mo

19. (a) Sept 3-1948 (b) Zilpha Draw  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug day 26  
 year 1948 hour 8 minute 45 P M.  
 21. I hereby certify that I attended the deceased from July, 1948 to July 26, 1948;  
 that I last saw her alive on July 26, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis - Chronic  
 Duration 47

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1310W

Major findings: Of operations No operation  
 Of autopsy No 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)  
 (c) Means of injury \_\_\_\_\_

23. Signature E. G. Chubbuck (M. D. or other) MD  
 Address Camden Mo Date signed 9-3-48

**RECEIVED**

District Health Officer No. 7,

District File Number 8-48-1051

Date Filed 9-9-48

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**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 Walter Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**