

Registration District No. 96

Primary Registration District No. C253

Registrar's No. 72

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

1. PLACE OF DEATH:  
 (a) County DALLAS  
 (b) City or town OLIVE "Rural"  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. life (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County DALLAS 30  
 (c) City or town OLIVE "Rural" 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 6  
 year 1948 hour 7 minute 9 M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased JUNE 5 1894  
 (Month) (Day) (Year)

Immediate cause of death: Bronchial pneumonia  
 Duration  
 Due to: No medical doctor  
 no injury  
 Other conditions: (Include pregnancy within 3 months of death)  
 Major findings: Of operations: 140  
 Of autopsy:

8. AGE: Years 54 Months 3 Days 1 If less than one day hr. min.

9. Birthplace DALLAS Co. MO. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Wm. H. Jeffries I

13. Birthplace INDIANA (State or foreign country)

14. Maiden name MARGARET Beckendite

15. Birthplace DALLAS Co. MO. (City, town, or county) (State or foreign country)

16. (a) Informant Burley Jeffries

(b) Address Buffalo, Mo.

17. (a) BURIAL (b) Date thereof 9-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director L.B. Jones

(b) Address Buffalo, Mo.

19. (a) Oct 2, 1948 (Date received local registrar) (b) L.B. Jones (Registrar's signature) Address Buffalo, Mo. Dir. 48

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 3  
 23. Signature L.B. Jones (M. D. or other) Address Buffalo, Mo. Dir. 48

RECEIVED  
District Health Officer No. 7,  
District File Number 9-48-1149  
Date Filed 10-4-88

---

---

**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 Mavis B. Jones  
Licensed Embalmer No. 4322  
P. O. Address Bullala, 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.