

FILED SEP 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3682

30484

3682

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 16 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 5121 Lydia			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) C.		c. (Last) Jeffries	
4. DATE OF DEATH		(Month) 8		(Day) 26		(Year) 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 15, 1906	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 0		IF UNDER 1 YEAR Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector		10b. KIND OF BUSINESS OR INDUSTRY Western Specialty Co.		11. BIRTHPLACE (State or foreign country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Jeffries		13b. MOTHER'S MAIDEN NAME Myrtle		14. NAME OF HUSBAND OR WIFE Elinor Jeffries			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-05-9748		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Elinor Jeffries 5121 Lydia			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pelvic peritonitis					
		ANTECEDENT CAUSES					
		DUE TO (b) Infarcted bowel					
		DUE TO (c) mesenteric thrombosis					
		II. OTHER SIGNIFICANT CONDITIONS				5702	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 21, 1950</u> , to <u>Aug. 26, 1950</u> , that I last saw the deceased alive on <u>Aug. 26, 1950</u> , and that death occurred at <u>7:20 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE B. I. Burns				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 8-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 8-29-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newcomer 1330 Brush Creek Kansas City Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

B. Heaver

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Dayle L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.