

8 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40581

State File No. ....

BUREAU OF THE CENSUS  
**FILED** JAN 8 1945  
Registration District No. 42Primary Registration District No. 1000Registrar's No. 1305

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Ms. Methodist Hosp. 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether years, months or days) 3 days  
 In this community

3. (a) PRINT FULL NAME Margaret Janice Jenkins3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years7. Birth date of deceased May 13, 1942  
(Month) (Day) (Year)8. AGE: Years 3 Months 6 Days 23 If less than one day  
hr. min.9. Birthplace St. Joseph Mo  
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business

12. Name Charles F. Jenkins13. Birthplace Crosshollows Mo  
(City, town, or county) (State or foreign country)14. Maiden name Gertrude Pickard15. Birthplace Union Star Mo  
(City, town, or county) (State or foreign country)16. (a) Informant Charles F. Jenkins(b) Address Union Star, Mo.17. (a) Burial (b) Date thereof Dec 9, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Star, Mo18. (a) Signature of funeral director Lucile M. Wilson(b) Address King City, Mo.19. (a) Dec 8, 1945 (b) J. H. Hotelback  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32  
 (c) City or town Union Star, Mo.  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1945 hour 10 minute 45 p.M.21. I hereby certify that I attended the deceased from 12.3.45, 1945, to 12.6.45, 1945;  
that I last saw her alive on 12/6/45, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral edema  
Due to Ependymoma

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operationsOf autopsy ependymoma

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 ---23. Signature J. H. Ryan (M. D. ---)Address DeKalb Mo Date signed 12.8.45

1428

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 16 1949

**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

*Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address. *King 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.**