

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938 MAY 1

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14082
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 35
 (b) Township..... Primary Registration District No. 100 Registered No. 444
 (c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hilda Jane Jenkins, 525

(a) Residence, No. 6029 Tennessee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Jenkins,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>30</u>	<u>7</u>	<u>3</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Savannah, 0
 (STATE OR COUNTRY) Missouri, 1

FATHER 13. NAME Joseph A. Cassady, 1

14. BIRTHPLACE (CITY OR TOWN) Unknown, 1
 (STATE OR COUNTRY) Iowa,

MOTHER 15. MAIDEN NAME Mary Catherine McIntire

16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Illinois,

17. INFORMANT Howard Jenkins
 (ADDRESS) 6029 Tennessee Street,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah, Mo. DATE April 20, 1938

19. FUNERAL DIRECTOR Heaton-Bellale-Brown
 (ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 4-20-38 A. J. Hestelquist
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1938, to Apr 19, 1938

I last saw her alive on Apr 18, 1938 Death is said to have occurred on the date stated above, at 12:07 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4-14-38

Other contributory causes of importance:

None 108

Name of operation None Date of.....

What test confirmed diagnosis? Ex. Lab. Was there an autopsy? Yes.

If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) E. M. Shores M. D.

(Address) 317 Kirkpatrick Bldg. St. Joseph Mo.

STATEMENT BY LICENSED EMBALMER

I, Harold Bowman, Licensed Embalmer No. 3619
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Summerfield
L. E.
No. 3007 or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed Harold Bowman
Licensed Embalmer No. 3619

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.)