

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

25222
 Do not use this space.

DEC 0 AUG 4 1938

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
 (b) Township Finley Primary Registration District No. 3380
 (c) City Ava, Missouri (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Raba Fern Jenkins

(a) Residence, No. Route 3, Ava, Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) Route Ava, Mo.

FATHER 13. NAME Warden B. Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merritt, Mo.

MOTHER 15. MAIDEN NAME Edna Harndon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava, Missouri.

17. INFORMANT (ADDRESS) J. Harndon
RS Ava Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE country DATE 7:1738 19.

19. FUNERAL DIRECTOR (ADDRESS) Friend

20. FILED 8-8-38 Henry Bush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Saw at bush
was not described before time
 Date of onset _____

Other contributory causes of importance: 158-

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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? _____ If so, specify _____ (Signed) J. Harndon M. D.

(Address) 245

S. J. D. Ferguson

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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