

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

38201
Do not use this space.

REC'D DEC 14 1938

1. PLACE OF DEATH
- (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4435
 (c) City Kansas City (d) Street No. 401 East 36th 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 525 David Jenkins
401 East 36
 (a) Residence, No. _____ 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 | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|--|---|------------------|--|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>November 14</u> , 19 <u>38</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Hoover Jenkins</u> | | | | | 22. I HEREBY CERTIFY, That I attended deceased from <u>11-11-38</u> to <u>11-14-38</u> I last saw him alive on <u>11-14-38</u> . Death is said to have occurred on the date stated above, at <u>1000</u> m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Arteriosclerosis</u> Date of onset _____ | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 13, 1844</u> | | | | | Other contributory causes of importance _____ | |
| 7. AGE | YEARS <u>94</u> | MONTHS <u>0</u> | DAYS <u>1</u> | IF LESS than 1 day, _____ hrs. or _____ min. | Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | | | | 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. | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</u> | | | | Manner of injury _____ Nature of injury _____ | |
| FATHER | 10. Date deceased last worked at this occupation (month and year) _____ | | | | 24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>M. F. Jewell</u> , M. D. (Address) <u>818 Rialto Bldg</u> | |
| | 11. Total time (years) spent in this occupation _____ | | | | | |
| | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | | | | | |
| MOTHER | 13. NAME <u>Daniel Jenkins</u> | | | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | | | | | |
| 15. MAIDEN NAME <u>No record</u> | | | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u> | | | | | | |
| 17. INFORMANT <u>Mrs. Hubert Mitchell</u> (ADDRESS) <u>3733 Indiana, Kansas City, Mo.</u> | | | | | | |
| 18. BURIAL PLACE <u>Carrollton, Mo.</u> DATE <u>Nov. 15</u> , 19 <u>38</u> | | | | | | |
| 19. FUNERAL DIRECTOR (NAME) <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri.</u> | | | | | | |
| 20. FILED <u>Nov 14 1938 M. M. Grome</u> <u>Local Registrar.</u> | | | | | | |

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.