MAP IN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14028

JAN 9 1939

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

43491
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson
Registration District No. 420 [redacted]
(b) Township Valle
Primary Registration District No. 3022
Registered No. 83
(c) City De Soto
(d) Street No. ..... 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 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alida Cady Jenkins
(a) Residence, No. 805 Blair St. St.
(Usual place of abode, if no street address, write county or city)
(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): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hamilton Jenkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22 - 1853
7. AGE: YEARS 85 | MONTHS 8 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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): Watertown Wis.

FATHER
13. NAME: D. K. Cady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known N.Y.

MOTHER
15. MAIDEN NAME: Ruth Noble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known N.Y.

17. INFORMANT (ADDRESS): Mrs. Parker San Antonio Texas
18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE Dec. 15 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mothershead De Soto - Mo.
20. FILED 1/6 1939 Jeneva Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 13 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-25 1938, to Dec 13 1938
I last saw her alive on Dec 13 1938. Death is said to have occurred on the date stated above, at 1:25 P m.
The principal cause of death and related causes of importance were as follows:
Diarrhea and Enteritis — Date of onset 11/12/38
120 B
Other contributory causes of importance: Senility
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no
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? no
If so, specify.
(Signed) Chas E. Fallert, M. D.
391 (Address) De Soto Mo

Licensed Embalmer's Statement on Reverse Side)

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.