

REC'D JUL 18 1939

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

21471  
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
(b) Township Butler Primary Registration District No. 3004 Registered No. 32  
(c) City Butler (d) Street No. Butler Memorial 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

521 Gladys Jaunta Jenkins  
(a) Residence, No. 521 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) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1916

7. AGE YEARS 23 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

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

13. NAME William Kennedy

14. BIRTHPLACE (CITY OR TOWN) Waukegan (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Nellie Burgess

16. BIRTHPLACE (CITY OR TOWN) Bates Co (STATE OR COUNTRY) Mo

17. INFORMANT Nellie Kennedy (ADDRESS) Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE June 8 1939

19. FUNERAL DIRECTOR (NAME) Culver (ADDRESS) Butler Mo

20. FILED June 9 1939 Mina L Culver Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1939

22. I HEREBY CERTIFY that I attended deceased from June 7 1939 to June 7 1939  
I last saw her alive on June 7 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia, edema  
Date of onset

Other contributory causes of importance:  
Relapsing Septicemia

Name of operation None Date of no  
What test confirmed diagnosis None 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 sp

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify (Signed) L. D. LaHue, M. D.

(Address) Butler, Mo

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.

7  
3  
1

RECEIVED

District Health Officer No. 7  
District File Number 7-39-1049  
Date Filed 7-14-39

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.....

*Denton Pugh*

Registered Apprentice No. *163*

working under my personal supervision.

Signed *Hattie G. Culver*

Licensed Embalmer No. *3069*

P. O. Address *Better, 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, above space should be left blank.