

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

**35498**  
Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1007  
 (c) City St. Joseph (d) Street No. 6223 Sherman St.  
 (e) Length of residence in city or town where death occurred 36 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Emily L. Jenkins  
 (a) Residence, No. 6223 Sherman 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 J.W. Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1870.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	69	2	28	

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) Douglas County  
 (STATE OR COUNTRY) Missouri

**FATHER**  
 13. NAME Wm. G. Lindsay  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Tennessee

**MOTHER**  
 15. MAIDEN NAME Elizabeth Gower  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

17. INFORMANT Flora Moore  
 (ADDRESS) Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemt.  
 PLACE St. Joseph, Mo. DATE Oct. 5, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Oct 5 1939 A.J. Mathews  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from about Sept 15, 1939 to Sept 22, 1939  
 I last saw h. ee alive on Sept 22, 1939 Death is said to have occurred on the date stated above, at 12:30 AM  
 The principal cause of death and related causes of importance were as follows:  
Dysentery  
17C

Other contributory causes of importance:  
Bacterial pneumonia  
Pericarditis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Stomach 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 No. Mrs. Redmond, M. D.  
 (Signed) 620 Duane, St. Joseph, Mo.  
 (Address)

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.

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**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 Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address St. Joseph, 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.**