

JAN 13 1940

Registration District No. **399**Primary Registration District No. **1002**Registrar's No. **4608**

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8-10 toll-27-39
 (Specify whether
 In this community All of life.
 years, months or days)

3. (a) PRINT FULL NAME Rebecca Smith (Ruth Jenkins)3. (b) If veteran, No name war. 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edward Jenkins
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased 12-25-1911
 (Month) (Day) (Year)

8. AGE: Years 28 Months 0 Days 2 If less than one day
hr. min.9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Laundress11. Industry or business 10th Street Wash Shop.12. Name Jim Smith13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Falia Stewart
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)15. (a) Informant's own signature Record Clerk(b) Address General Hospital No. 217. (a) Burial (b) Date thereof Dec 4
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland18. (a) Signature of funeral director Julius W. Fierth(b) Address 1412 1/2 Jay St19. (a) Dec. 4, 1939 (b) Montgomery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2012 E. 12th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 39 hour 11 minute 10 A.M.21. I hereby certify that I attended the deceased from
9-10, 1939 to 11-27, 1939
that I last saw her alive on 11-27, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Broncho Pneumonia with Toxemia. DurationDue to 1074

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Of operations. PHYSICIANOf autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? ! (Specify type of place) (c) Means of injury23. Signature J. C. Thomas (M. D. or other)Address General Hospital #2 Date signed 11-28

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

Julius A. K. Lierkin
Licensed Embalmer No. *2329*
P. O. Address *1212 Vine St*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42199

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township K.C. Primary Registration District No. 1002 Registered No. 4608
(c) City K.C. (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rebecca Ruth Smith Jenkins.

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE 7 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11. 27, 1939

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

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.

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

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 0 2

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

(Signed) P. C. Thomas, M. D.
(Address) Beaufort A E

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 4 1939 M. M. Brown Local Registrar

