

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

44193
Do not use this space.

1. PLACE OF DEATH *2*
 (a) County Oregon Registration District No. 635
 (b) Township (Benton) Myrtle Primary Registration District No. 6277
 or City (d) Street No. _____ St.
 (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 John Fralry Jenkins
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irma Bryan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1904
 7. AGE YEARS 34 MONTHS 2 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Oregon, Co. Mo.
 FATHER 13. NAME Daniel E. Jenkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Mary F. Fralry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Co. Tenn.
 17. INFORMANT Willis Fralry Thayer Mo. (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cotton Creek DATE Oct-10 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Les Carr Thayer Mo.
 20. FILED 12-27 1939 H. J. Harpole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-9 39
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 39, 1939, to Oct 9 39, 1939
 I last saw him alive on Oct 9 39, 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 9-3-39
 Other contributory causes of importance: 28
Malone Sept 20 1939
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. J. Thayer M. D.
 (Address) Thayer Mo.

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

50M-9-19-38 I X16905

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.

JAN 9 1947

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.

RECEIVED

District Health Officer No. 5,

District File Number 14053

Date Filed 11040

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.