

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

REV. 3-17-30
FORM 1 X1951

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.

Registration District No. **1399** **MAR 11 1940**

Primary Registration District No. **1002**

Registrar's No. **823**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5112 Bellefontaine **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community 10 years years, months or days)

3. (a) PRINT FULL NAME 525 BURRIS A. JENKINS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced ---

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 10 1926
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>7</u>	<u>12</u>	br. min.

9. Birthplace Tampa Florida
 (City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

12. Name John W. Jenkins

18. Birthplace Rolla Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Myrtle McClure

15. Birthplace Knoxville Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Russell C. Jenkins

(b) Address 5112 Bellefontaine.

17. (a) Burial (b) Date thereof Feb. 24 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Washington

18. (a) Signature of funeral director Bentley Postuary

(b) Address 5811 Troost Ave.

19. (a) Feb. 23, 1940 (b) M. M. Crowe, ass't
 (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. 5112 Bellefontaine.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 1940
 hour --- minute --- M.

21. I hereby certify that I attended the deceased from 2:00 P.M.
 on 22 day of February, 1940, to --- day of ---, 1940.

that I last saw the deceased alive on --- day of ---, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary congestion Duration ---

Due to ---

Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Of operations ---

Of autopsy ---

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 on or about home, on farm, in industrial place, in public place?
 While at work? --- (Specify type of place) (Means of injury) ---

23. Signature Victor J. Miller (M. D. or other) ---

Address K.C. Mo. Date signed ---

PHYSICIAN
 Underline the cause to which death should be charged statistically

111 R

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 Guy Buffington
Licensed Embalmer No. 2756
P. O. Address K e 740

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5398 ⁷

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Barrie A. Jenkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 13 Months 7 Days 12 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above

Immediate cause of death Acute pulmonary congestion

Due to _____

Due to N. M. D.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature Victor B. Buller (M. D. or other)

Address Kansas City Date signed _____

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-5598