DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7211

Registration District No. FEB MAR 4 1940 Primary Registration District No. 3025 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1015 N. Main St 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Brookfield (If outside city or town limits, write "RURAL")

(d) Street No. 1015 N. Main (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louis Greenfield Jenkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1853 (Year)

8. AGE: Years 86 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Stationary Engineer (Retired)

11. Industry or business

FATHER
12. Name James C. Jenkins
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Susan Smothers
15. Birthplace Do not Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Howard Cowan

(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/40 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery Brookfield

18. (a) Signature of funeral director Hills Chapel

(b) Address Brookfield 445

19. (a) Feb 2 40 (Date received local registrar) (b) Jno H Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1940 hour 2 A.M. minute M.

21. I hereby certify that I attended the deceased from 1929, 19, to Feb 1st, 1940 that I last saw him alive on Jan 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of left foot and leg — 4 days

Due to contusion above ankle

Due to producing thrombosis

Other conditions Senile dementia 2 years (Include pregnancy within 3 months of death)

Major findings:
Of operations no surgery
Of autopsy none

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. B. Simpson (M. D. or other) D.R.

Address Brookfield Date signed 2/1/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39. 1 X19511

1448

RECEIVED
District Health Officer No. 11,
District File Number 340-284
Date Filed MAR 8 1940

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, ~~only~~ J. H. Blacklock, Registered Apprentice No. ....., working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.

S. No. 2B
M—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7211

Registration District No. 496 Primary Registration District No. 3025 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (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 years, months or days) In this community

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.

3. (a) PRINT FULL NAME Louis Greenfield Jenkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wid

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 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1940 hour minute M.

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

Immediate cause of death Gangrene of left foot and leg 4 days

Due to Contusion above ankle

Due producing Thrombosis

Other conditions (Include pregnancy within 3 months of death) Senile Dementia

Major findings:
Of operations 180 W 8

Of autopsy

Duration

PHYSICIAN

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) accident
(b) Date of occurrence Jan. 27 — 1940
(c) Where did injury occur? Brookfield, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury Had a fall

23. Signature W B. Simpson (M. D. or other)
Address Brookfield Mo. Date signed

S-7211