

FILED APR 4 1940
Registration District No. **272**

Primary Registration District No. **5379**

Registrar's No. **2**

34

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava rural penton
(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 2
(Specify whether)

In this community 2
years, months or days

3. (a) PRINT FULL NAME Izoria Jenkins

8. (b) If veteran, name war _____ **8. (c) Social Security No.** _____

4. Sex female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

6. (b) Name of husband or wife A. E. Jenkins **6. (c) Age of husband or wife if alive** 44 years

7. Birth date of deceased January 23 1904
(Month) (Day) (Year)

8. AGE:	Years <u>39</u>	Months <u>1</u>	Days <u>0</u>	If less than one day hr. _____ min. _____
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9. Birthplace _____ Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name noah carter **13. Birthplace** unknown
(City, town, or county) (State or foreign country)

14. Maiden name Dellie patterson **15. Birthplace** unknown
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Jenkins
(b) Address Route 4, Ava, Mo.

17. (a) Burial _____ **(b) Date thereof** 2 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Lebanon

18. (c) Signature of funeral director Frenda
(b) Address _____

19. (a) 3-30-1940 **(b) P. E. Kingwhite**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri **(b) County** douglas

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

(d) Street No. Route 4
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1940 hour 5 minute _____ A. 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: They say fell dead from heart failure while preparing breakfast

Due to _____

Due to _____

Other conditions: gout
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of 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)
(e) Means of injury _____

23. Signature P. E. Kingwhite (M. D. or other)
Address Ava Mo Date signed 3-30-1940

RECEIVED

District Health Officer No. 6,

District File Number 440-915

Date Filed APR 3 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, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

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.