V. S. No. 2
0M—11-10-39
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

11746

State File No.

Registration District No. 566 Primary Registration District No. 5762 Registrar's No. 42

**1. PLACE OF DEATH:**

(a) County Mississippi Township
(b) ~~City or town~~ Bertrand, Mo. 11 W
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 60
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 years
years, months or days) 525

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Mississippi
(c) City or town Bertrand
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 60
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

**3.** (a) PRINT FULL NAME Minnie Henderson Jenkins

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Jenkins
6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased Jan. (Month) 1 (Day) 1884 (Year)

**8. AGE:** Years 56 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Hickman (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home

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

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

16. (a) Informant David A. Dispnnett
(b) Address Bertrand, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Galatia Ill.
18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Mo.
19. (a) 3-23-40 (Date received local registrar) (b) F D Vernon 745 (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 21st. year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 10, 1940, to Mar 21, 1940; that I last saw her alive on Mar 21, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Mycarditis | D.K. |
| Due to Influenza | 10da |
| Due to | |
| Other conditions Lues 34 (Include pregnancy within 3 months of death) | D.K. |

Major findings:
Of operations none
Of autopsy

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 E. Chas Kolwing (M. D. or ~~other~~)
Address Charleston Mo Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 440-857
Date Filed 4/4/40

**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 John F. Kimmelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.**