

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

12069
Do not use this space.

1. PLACE OF DEATH
 (a) County PLATTE Registration District No. 696
 (b) Township CARROLL Primary Registration District No. 5924 Registered No. 5
 (c) City PLATTE CITY (d) Street No. PLATTE COUNTY POOR FARM. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 WALTER LEWIS JENKINS 3
 (a) Residence, No. PLATTE COUNTY FARM 0 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 29, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	1	25	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. LABORER
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPERFVILLE, VA.
 13. NAME HENRY LEWIS JENKINS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA.

MOTHER
 15. MAIDEN NAME AMANDA F. BRUCE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT (ADDRESS) LYLE JENKINS
PLATTE CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALDEN PT., MO. DATE MAR 26, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. ROLLINS
PLATTE CITY, MO.

20. FILED 3/25 1940 Ms. Francis E. Murray Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/1940 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1940 to Mar. 24/40 1940.
 I last saw him alive on Mar. 24 1940. Death is said to have occurred on the date stated above, at 5 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach 1/5/40 Date of onset 1/5/40

Other contributory causes of importance: 46

Name of operation Exploratory Date of
 What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 1940
 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) M. D.
 (Address) Platte City, Mo.

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.

RECEIVED
District Health Officer No. 11,
District File Number 440-503
Date Filed APR 10 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,

E. Benjamin Cost, or by

Registered Apprentice No., working under my personal supervision.

Signed *E. Benjamin Cost*

Licensed Embalmer No. 4059

P. O. Address *Platte City, 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.