

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **2333 Cleveland**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **29 Years**
In this community **29 Years**
(Specify whether years, months or days)

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. **2333 Cleveland**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12**
year **1940** hour _____ minute **5 P.**
21. I hereby certify that I attended the deceased from _____ to _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

*Acute pulmonary edema
Hypertrophy of the heart
Chronic diffuse myocardial fibrosis
Coronary sclerosis*

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) Means of injury _____
23. Signature *W. M. Brown* (M. D. or other)
Address *K.C. Mo* Date signed _____

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

3. (a) PRINT FULL NAME **Richard L. Jenkins** **525**

3. (b) If veteran, name war **Spanish Amer.** 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **Esther Jenkins** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **March 31, 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **1** Days **12** If less than one day hr. _____ min. _____

9. Birthplace **Wales, British Islands**
(City, town, or county) (State or foreign country)

10. Usual occupation **Motorman --Retired**

11. Industry or business **K.C. P. Service Co.**

12. Name **No Record**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Jenkins**

(b) Address **2333 Cleveland**

17. (a) **Burial** (b) Date thereof **5-14-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Thos. E. Quirk**

(b) Address **4316 Troost Ave.**

19. (a) **May 13, 1940** (b) *W. M. Brown*
(Date received local registrar) (Registrar's signature)

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.....

Thomas E. Jank

Licensed Embalmer No.

3775

P. O. Address.....

R. C. Me

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.