No. 2
10-30
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17616

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2143

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

1. PLACE OF DEATH:

(a) County Jackson.

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

(c) Name of hospital or institution: 2924 Brooklyn.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community Unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson.

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

(d) Street No. 2924 Brooklyn.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Mrs. Ambie Jenkins. 525

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. E. Jenkins.

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

7. Birth date of deceased January (Month) 19 (Day) 1893. (Year)

8. AGE: Years 47 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation at home.

11. Industry or business x

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

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

16. (a) Informant S. J. Mead.
(b) Address 2924 Brooklyn, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Los Angeles, California.

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 25, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd. year 1940 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from March 18, 1940, to May 23, 1940; that I last saw her alive on May 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer and other malignant tumors of the uterous.

Due to 48

Due to

Other conditions Dementia praecox and other psychoses
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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 A. F. Campbell (M. D. or other) D.C.
Address Battery Bldg, Indep. Date signed May 24

(Licensed Embalmer's Statement on Reverse Side)

Dr. Archie G. Campbell.

AUG 18 1954

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 Dewey Tanner Jr, Registered Apprentice No. 222 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.