

FILED JUL 12 1940

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

21678
Do not use this space.

1. PLACE OF DEATH
(a) County DeKalb 3 Registration District No. 288
(b) Township Independent Primary Registration District No. 5240.6 Registered No.
(c) City or County County Farm (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(d) Street No. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(e) Length of residence in city or town where death occurred yrs. mos. ds.

2. PRINT FULL NAME
Geo. H. Jenkins
(a) Residence, No. County Farm 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Care
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Greensboro (STATE OR COUNTRY) N. C.

13. NAME Sam Jenkins

14. BIRTHPLACE (CITY OR TOWN) Perm (STATE OR COUNTRY)

15. MAIDEN NAME Mary Perkins

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (NAME) H. B. Linn (ADDRESS) County Farm, DeKalb Co. Ga.

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE 4-5, 1940

19. FUNERAL DIRECTOR (NAME) County (ADDRESS) Sup't Co. Farm, DeKalb Co.

20. FILED 6-12, 1940 W. H. Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1940
22. I HEREBY CERTIFY, That I attended deceased from Nov-1, 1938, to April 4, 1940
I last saw him alive on 4-1, 1940 Death is said to have occurred on the date stated above, at 9 a., m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
920
Other contributory causes of importance:
Essential Arterio Sclerosis

Name of operation none Date of
What test confirmed diagnosis? venous Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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 Arterio Sclerosis (Signed) W. H. Bennett, M. D.
261 (Address) DeKalb Co. Ga.

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.

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RECEIVED

District Health Officer No. 2

District File Number 740-123

Date Filed 7/11/40

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.....

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.