

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24207**
Registrar's No. **2817**

Registration District No. **399**

Primary Registration District No. **1002**

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: **2446 Paseo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **445 years** (Specify whether years, months or days)
In this community **445 years**

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. **2446 Paseo** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Rosa Ann Jenkins**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **11**
year **1940** hour **3** minute **35 A.** M.

4. Sex **Fe** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Albert E. Jenkins** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 2, 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 2**, 19**38**, to **July 11**, 19**40**
that I last saw her alive on **July 11**, 19**40**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **6** Days **9** If less than one day hr. min.

Immediate cause of death
(1) **Hypertensive Heart Disease**
(2) **Cerebral apoplexy**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **Pittsburg, Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry C. Jones**
13. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine E.**
15. Birthplace **Baltimore Md.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Claudia Wiseman**
(b) Address **2446 Paseo**

17. (a) **burial** (b) Date thereof **7/13/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Starkins Tross**
(b) Address **1729 Lydia**

19. (a) **July 13, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury _____
23. Signature **Royce B. Fleming** (M. D. or other)
Address **210 Lincoln Bldg, P.C. Mo.** signed **7-12-40**

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

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St

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, fact should be so stated above.