No. 2
1-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32444

OCT 23 1940

Registration District No. 477 Primary Registration District No. 200 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Lewis Canton Rt 1
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Abbie Ann Jenkins
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Jenkins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 9 (Day) 1855 (Year)

8. AGE: Years 85 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Scotland Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired housewife
11. Industry or business
MOTHER FATHER
12. Name Warren Leslie
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Maples
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Garrard Jenkins
(b) Address Monticello, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 '40 (Month) (Day) (Year)
(c) Place: burial or cremation Providence Church
18. (a) Signature of funeral director Earl H. Buckley
(b) Address Canton, Missouri
19. (a) Sept. 4-40 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1940 hour 12 minute 30 a. M.
21. I hereby certify that I attended the deceased from ~~1935~~ Jan. 1935 to Sept. 3 1940 that I last saw her alive on Sept. 3 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Stenosis	Sept. 1-40
Due to: Arthritis chronic rheumatoid	1936
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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 L. J. Gillard (M. D. or other) D.O.
Address Canton Date signed Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1961
OCT 18 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, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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, fact should be so stated above.