DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44098

Registration District No. 846 Primary Registration District No. 6383 Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Hurley 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 (Specify whether
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stone
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Billings, R#1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Minnie L. Jenkins
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jap Jenkins
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May - 15 - 1882 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Thomas Wright
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Francis Byrd
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs W B Burton
(b) Address Billings, Mo. R-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Wright's Chapel
18. (a) Signature of funeral director T. W. Maples
(b) Address Clever Mo.
19. (a) 1-10-1941 (Date received local registrar) (b) H. G. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 12 minute 5 A.M.
21. I hereby certify that I attended the deceased from Aug - 10 - 1940, to Dec 27 - 1940; that I last saw her alive on Dec. 19 - 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalitis Lethargica	4 - 1940
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? 162 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature H. L. Kerr (M. D. ~~or other~~) 1
Address Crane Mo. Date signed 12-28-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141—131
Date Filed JAN 15 1941

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.