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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1216

Registration District No. 395 Primary Registration District No. 1002 Registrar's No. 176

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: 903½ East 10 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 903½ East 10 (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas Jefferson Jenkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Emma Jenkins

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

7. Birth date of deceased April (Month) 12 (Day) 1860 (Year)

8. AGE: Years 80 Months 8 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) U. S. A. (State or foreign country) 1

10. Usual occupation Retired Laborer

11. Industry or business K. C. Gas Co.

FATHER
12. Name Alfred Jenkins
13. Birthplace (City, town, or county) Unknown (State or foreign country) U. S. A. 1

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Minnie Lawson

(b) Address 2624 Victor, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. F. O'Donnell Co.

(b) Address 3256 Broadway, K. C. Mo.

19. (a) Jan 13 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Bronchiectasis

Due to Lung abscess

Other conditions (Include pregnancy within 3 months of death) 107

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 Russell W. Lee (M.D. or other) ?

Address K C Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo

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

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