

FEB 17 1941

Registration District No. **653**

Primary Registration District No. **4396**

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayt
(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 Life (Specify whether _____)

3. (a) PRINT FULL NAME MOREAU
Moreau Jenkins

8. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jona Jenkins 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Jan. 4 1898 (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Hogoso mo (City, town, or county) (State or foreign country)

10. Usual occupation City Water Engineer

11. Industry or business City of Hayt

MOTHER FATHER
12. Name Ray Jenkins
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Debrah Katherine Hedgiz
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jona Jenkins
(b) Address Hayt, mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation Hayt, mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayt, mo.

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pemiscot

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from 10-1-40 to 1-2-41 1941 that I last saw him alive on 12-2-1941 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis Duration 12-14 years
Due to _____
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? _____
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Fred L. Ogilvie (M. D. or other) _____
Address Caruthersville mo Date signed 1-24/41

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

REV. 3-17-39

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.

2-41-16

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.....

Jack Kelly

Licensed Embalmer No. 3788

P. O. Address. Hart. Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 65-3

Primary Registration District No. 4390

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Permiessent
(b) City or town Hayti
(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 _____ (Specify whether
years, months or days) moreau

3. (a) PRINT FULL NAME Marcus Gasinski

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 19 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1/24/41 (b) Lesel Kelley (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Jan day 23 year _____ hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Fred L. Gilvie (M. D. or other)

Address Caruthersville _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

