

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Washington Jan Sh.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 3 Nevada
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 days
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Tony Jenkins

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

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

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

7. Birth date of deceased Not known
 (Month) (Day) (Year)

8. AGE: Years 50 Months ? Days ? If less than one day _____ hr. _____ min.

9. Birthplace Not Kansas City Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation odd jobs around market

11. Industry or business _____

MOTHER FATHER { 12. Name Not known
 13. Birthplace Not known 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known 9
 (City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
 (b) Address Nevada mo

17. (a) Burial (b) Date thereof Mar 31 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Cemetery

18. (a) Signature of funeral director Thayer Funeral Service
 (b) Address Nevada, mo

19. (a) 3-30-41 (b) Allen V. Thayer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Staudes City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 523 Gr and ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
 year 1941 3. hour 0 minute P. M.

21. I hereby certify that I attended the deceased from 2/27/1941 to 3/28/1941
 that I last saw him alive on 3/28/1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative Colitis with abscess of the liver
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy Ulcerative Colitis, Liver abscess, Thrombosis of Iliac Veins etc

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 G. S. Waranch (M. D. or other) _____
 Address State Hospital Nevada Date signed 3/28/41

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

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RECEIVED

District Health Officer No. 7,

District File Number 4-41-643

Date Filed 4-8-41

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 _____

Allen V. Hays

Licensed Embalmer No. _____

1968

P. O. Address _____

Nevada, 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.