

STANDARD CERTIFICATE OF DEATH

Registration District No. 89

Primary Registration District No. 131

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Marocco
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community 1 month
years, months or days

3. (a) PRINT FULL NAME San Jenkins

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Victoria Jenkins 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased: Dec. 25, 1918
(Month) (Day) (Year)

8. AGE: Years 22 Months 3 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Sumner 1 Miss
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name DAN Jenkins
13. Birthplace Sumner 1 Miss
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace 1 Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Cooper
(b) Address Kewanee, Mo.

17. (a) BURIAL (b) Date thereof APR 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kewanee Cemetery

18. (a) Signature of funeral director Gus Richards
(b) Address New Madrid Mo
19. (a) 4/17/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town New Madrid
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1941 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 7 - 1941
April 17, 1941; that I last saw him alive on April 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 5 mo

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature W. B. Brashers (M. D. or other) Om
Address Poplar Bluff Date signed 4-17-41

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

RECEIVED

District Health Officer No. 2,

District File Number 541-633

Date Filed 5/12/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.