FILED MAY 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15509

Registration District No. 628 Primary Registration District No. 5904 Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St James Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

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

(d) Street No. 6 South & West of Licking Mo (If rural, give location)

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

3. (a) PRINT FULL NAME Donald Ray Jenkins

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

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 Feb (Month) 6 (Day) 1930 (Year)

8. AGE: Years 11 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Licking (City, town, or county) Mo O (State or foreign country)

10. Usual occupation School boy

11. Industry or business ✓

FATHER
12. Name Wallace N. Jenkins
13. Birthplace Couch (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Leon Davies
15. Birthplace Licking (City, town, or county) Mo O (State or foreign country)

16. (a) Informant's own signature Wallace N. Jenkins

(b) Address Licking Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Boone Creek Cem

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking Mo

19. (a) 5-17-41 (Date received local registrar) (b) Elsie B. Houck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day April year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from April 14th, 1941, to April 15th, 1941; that I last saw him alive on April 15th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Stoplococcus

Due to Infection of Internal Ear

Due to Influenza

Other conditions no (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? No (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)

(e) While at work? (e) Means of injury

23. Signature E. A. Scott MD (M. D. or other)

Address St James Hospital Date signed 4/17/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTL...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU...

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 5
District Number 5411660
Date Filed

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 Me, Registered Apprentice No., working under my personal supervision.

Signed Eubert E Ferguson

Licensed Embalmer No. B945

P. O. Address Licking 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.