

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17531
Registrar's No. 17

Registration District No. 171

Primary Registration District No. 4100

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Keytesville
(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
In this community at home (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
(c) City or town Keytesville
(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.?

3. (a) PRINT FULL NAME CARRIE - JENKINS

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

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Not known 1877
(Month) (Day) (Year)

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

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name D. W. Williams
13. Birthplace Mo.
14. Maiden name Not known
15. Birthplace Not known

16. (a) Informant Dr. Morgan

(b) Address Keytesville Mo.

17. (a) burial (b) Date thereof May 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville

18. (a) Signature of funeral director Hughes & Bennett
(b) Address Keytesville Mo.

19. (a) May 10 1941 (b) Dr. Roy L. Paulson
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1940 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from May 3 1941 to May 7 1941
that I last saw her alive on May 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to

Duration
4 days

Due to Stroke
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
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?

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While at work? (Specify type of place) (c) Means of injury

23. Signature Carl C. Meyer (M. D. number)
Address Keytesville, Mo. Date signed 5/10/41

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

RECEIVED
District Health Officer No. 8
District File Number 6-10-41
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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. O. Barnett

Licensed Embalmer No. 3046

P. O. Address Kaytsaville, 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.