FILED JUL 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22410

Registration District No. 668 Primary Registration District No. 5898 Registrar's No. 206

1. PLACE OF DEATH:
(a) County Pettis County
(b) City or town Nelson Route #1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelson Route #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 80
(c) City or town NELSON. 0 (If outside city or town limits, write "RURAL")
(d) Street No. Route II 0 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ^

3. (a) PRINT FULL NAME OLLIE D. JENKINS.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex MALE
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SUE E. JENKINS.
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 18 1873 (Month) (Day) (Year)
8. AGE: Years 68 Months 5 Days 3 If less than one day ..... hr. ..... min.
9. Birthplace PETTIS COUNTY Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer.
MOTHER FATHER
12. Name THOMAS H JENKINS.
13. Birthplace PETTIS COUNTY Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LUCY CLARK
15. Birthplace SALINE COUNTY Mo. (City, town, or county) (State or foreign country)
16. (a) Informant SPENCER JENKINS.
(b) Address NELSON Mo RFD II
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MILLERS CHAPEL
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 6/19/41 (Date received local registrar) (b) Wm. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 15 day 1941 year ..... hour 6 30 minute P M.
21. I hereby certify that I attended the deceased from Jan. 41 ....., 19..., to June 15 ....., 1941; that I last saw him alive on June 15. 41 ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypostatic Pneumonia
Due to Myocarditis & Arteriosclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations .....
Of autopsy no

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) no
(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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature J. E. Mitchell (M. D. or other) O
Address Sedalia Mo Date signed June 19-41

(Licensed Embalmer's Statement on Reverse Side)

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

. 2
1-41
-39
K26390

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-7-41

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 Robert N Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.