

Registration District No. 165

Primary Registration District No. 5-2-31-4077 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(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: X
(Specify whether
In this community Ten Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Stockton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country X

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ruby Josephine Jinkins

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

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

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

7. Birth date of deceased. Sept. 18 1919
(Month) (Day) (Year)

8. AGE: Years 22 Months 1 Days 5 If less than one day X hr. X min.

9. Birthplace. Vernon Co., Mo. X
(City, town, or county) (State or foreign country)

10. Usual occupation. Unemployed

11. Industry or business. X

12. Name. George Jinkins

13. Birthplace. Vernon Co., Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name. Bessie Brown

15. Birthplace. Cedar Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant. George Jinkins

(b) Address. Stockton, Mo.

17. (a) Burial (b) Date thereof. 10-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Stockton Cemetery

18. (a) Signature of funeral director. W. E. Davis

(b) Address. Stockton, Mo.

19. (a) Nov 3-41 (b) Mrs. Mimmie Carleton
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 23
year 1941 hour 5:00 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug. 15, 1941, to Oct. 20, 1941, that I last saw her alive on Oct. 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Tuberculosis 3 yrs.
Due to. Tubercle bacilli infection of lungs 3 yrs.
Due to.

Other conditions. Toxemia + Malnutrition 10 days
(include pregnancy within 3 months of death)

Major findings: Of operations. none 1381
Of autopsy. none made
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. 0
23. Signature. C. E. Bennett (M. D. or other) md.
Address. Stockton, MO Date signed 10/25/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1795

Date Filed 11-5-41

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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, fact should be so stated above.