

JAN 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42225

State File No. _____

Registration District No. _____

Primary Registration District No. _____

5559.C.

Registrar's No. _____

51

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Jasper Co TBC Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 7 months
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Henry C Jenkins

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased May 19 1872
 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Jenkins

13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Miss Singleton

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Records
 (b) Address _____

17. (a) Burial (b) Date thereof Dec 22 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West City Cem

18. (a) Signature of funeral director West City Cem Co

(b) Address West City, Mo.

19. (a) Dec 22 1941 (b) P. L. Hutchell M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
 year 1941 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Nov 24 1941 to Dec 17 1941;
 that I last saw him alive on Dec 17 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

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? _____

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

23. Signature Jesse E. Douglass (M. D. _____)

Address West City Mo. Date signed 12/17/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

377

42-1-1884

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 Myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Wells City, 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, fact should be so stated above.