

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7594
Do not use this space.

FILED MAR-16 1942

1. PLACE OF DEATH *Parsons*

(a) County *Monroe* Registration District No. *735*
 (b) Township *Waverly* Primary Registration District No. *3074* Registered No. *42*
 (c) City *Waverly* (d) Street No. *W. 9th Street Hospital* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Thomas Jefferson Jenkins*

(a) Residence, No. *701 S. 10th Ave* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED—
 HUSBAND OF *Nancy Alice Scott*
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5/9/1854*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>86</i>	<i>8</i>	<i>16</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Robert Farmer*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *over 20 yrs*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marion Co Iowa*

FATHER

13. NAME *Joshua Jenkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va.*

MOTHER

15. MAIDEN NAME *Esther's Elder*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va.*

17. INFORMANT *Nancy Alice Scott*
 (ADDRESS) *701 S. 10th Ave, Waverly Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Waverly* DATE *2/27 1942*

19. FUNERAL DIRECTOR (NAME) *Frederic Thompson*
 (ADDRESS) *Waverly Mo.*

20. FILED *2/27 1942* *James Hove*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-25 1942*

22. I HEREBY CERTIFY, That I attended deceased from *2-9 1942* to *2-20 1942*

I last saw him alive on *2-25 1942* Death is said to have occurred on the date stated above, at *12:57pm*

The principal cause of death and related causes of importance were as follows:
General debility
1628

Date of onset *June 1, 1942*

Other contributory causes of importance:
old age and a cold *2-4-42*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *Dr. L. McCannick* M. D.
 (Address) *Waverly Mo.* *Feb-25-*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-33 I X 16605

MAY 18 1942

RECEIVED
District Health Officer No. 10
District File Number 10-42-362
Date Filed MAR 10 1942

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.....

R. Richard Brown, Registered Apprentice No. 309
working under my personal supervision.

Signed *Frederic G. Thompson*

Licensed Embalmer No. 1470

P. O. Address Madin, 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.