

Registration District No. ....

Primary Registration District No. 6269

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Pontiac, Mo.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 48vrs.  
In this community 48vrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark  
(c) City or town Pontiac, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Jeremiah Gilbert Jenkins

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary E Jenkins 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Jan. 16 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph B Jenkins

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

14. Maiden name Martha Jane Coats

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

16. (a) Informant Tomie H. Jenkins  
(b) Address Pontiac, Mo.

17. (a) Burial (b) Date thereof 3 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pontiac, Mo. Cemetery

18. (a) Signature of funeral director A. B. Marler  
(b) Address Gainesville, Mo.

19. (a) 3-6-1942 (b) Mary E. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1942 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from June  
1940 to March 4, 1942  
that I last saw him alive on March 4, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pylorus of stomach

Due to .....

Due to .....

Other conditions 468  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations .....

Of autopsy Carcinoma of pylorus  
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? .....

(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 M. J. Naerman (M. D. or other) MD.  
Address Gainesville Mo Date signed 4/1/42

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

77  
0  
0

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 442-529

Date Filed APR 14 1942

1942

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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

*Denver Roller*

Licensed Embalmer No.

*4006*

P. O. Address

*Avon, 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.**