

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1942

Registration District No. 167

Primary Registration District No. 4745

Registrar's No. _____

1. PLACE OF DEATH: Chariton

(a) County Snyder Mo.

(b) City or town _____
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 31

(a) State Missouri (b) County Chariton

(c) City or town Triplet
(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 _____

3. (a) PRINT FULL NAME Herbert Jenkins

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

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

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

7. Birth date of deceased Dec 19th/1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name George E Jenkins

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

14. Maiden name Virena Dejarnette

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

16. (a) Informant George E Jenkins

(b) Address Triplet Mo.

17. (a) Burial (b) Date thereof 1/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCullough

18. (a) Signature of funeral director A. L. Lipscomb

(b) Address Mendon Mo

19. (a) April 27, 1942 (b) A. L. Lipscomb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour about 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____

and that death occurred on the date and hour stated above

Immediate cause of death body crushed by train

Other conditions none (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence April 26, 1942

(c) Where did injury occur Dean Lake Chariton Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road crossing on Santa Fe tracks
While at work? yes (Specify type of place) (e) Means of injury struck by train

23. Signature Harry E. Sutton (M. D. or other) 27-42
Address Brunswick, Mo. Date signed 27-42

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

21
C
O

169-6
30
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-13-42

APR 15 1948

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.....

Licensed Embalmer No. 3979

P. O. Address Mendon MS

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.