

Registration District No. 3572

Primary Registration District No. 5682

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town (RURAL) Green Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
One-half mile West of Utica, Mo.
(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:

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

3. (a) PRINT FULL NAME Henry Allison Jenks

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Millie Teota Jenks 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 22 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace State of Kansas _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Tillie Jenks
13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)
14. Maiden name Florence Dixon
15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H.A. Jenks
(b) Address R. F. D. Utica, Missouri.

17. (a) Utica-Cemetery (b) Date thereof 4-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Utica-Cemetery

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) 4/4/42 (b) Godla Romeiser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from hour _____, 19____, to hour _____, 19____;
that I last saw him alive on hour _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death: Gun shot wound Duration _____
left chest and left shoulder

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) Homicide
(b) Date of occurrence Apr. 1st 1942
(c) Where did injury occur? Utica-Livingston Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
From house, Chillicothe, Mo.
While at work _____ (e) Means of injury Gun shot
started to shoot

23. Signature Robert M. Money (M.D.)
Address Chillicothe Mo. Date signed 4-3-1942

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

59
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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.....

..... E. R. Norman, Registered Apprentice No. 2374,
working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.