

FILED JUN 18 1942

Registration District No. 3-08

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
717 Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Scott  
(c) City or town Davenport  
(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 Oliver Burton Jenkins

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 Widowed  
6. (b) Name of husband or wife Hattie May 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 11 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Livingston County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Express Agent

11. Industry or business

MOTHER FATHER { 12. Name Samuel Jenkins  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Low  
15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant B. F. Jenkins  
(b) Address Chillicothe, Missouri

17. (a) Edgewood (b) Date thereof 5--11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Mo.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) May 11-1942 Lou Ella Curry  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Sat. 9h  
year 1942 hour 2:05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar 1 1942 to Mar 9 1942  
that I last saw him alive on Mar 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Duration 3 mos

Due to unknown

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) \_\_\_\_\_  
(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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Chillicothe, Mo Date signed May 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.....

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

Signed E. R. 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.**