S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20711

Registration District No. 6 3

Primary Registration District No. 5128

Registrar's No.

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural Wayne township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. # 1 Halls.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Buchanan. (b) County Buchanan
(c) City or town Rural, Wayne township
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 1, Halls
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Almeda Jenkins

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife I. B. Jenkins

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 7, (Day) 1850 (Year)

8. AGE: Years 92 | Months 0 | Days 0 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER

12. Name Micheal Mosier

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

14. Maiden name Sally Graves

15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Ike Jenkins
(b) Address R. R. # 1, Halls, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave., St. Joseph, Mo.

19. (a) 6-9-42 (Date received local registrar) (b) Opal E. Duncan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 10 minute 10 p M.

21. I hereby certify that I attended the deceased from May 28 1942 to June 7 1942
that I last saw her alive on June 3 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	10 hrs
Due to Chronic Nephritis	3 yrs.
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)
(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? (Specify type of place)
(e) Means of injury
While at work? No.

23. Signature A. B. Jamison (M. D. or other)
Address St. Joseph Mo. Date signed 6/8/42

1227 (Licensed Embalmer's Statement on Reverse Side)

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, on ~~or by~~ 6/7/42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.