

V. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
1 X29484

27947

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 15 1942 705

Registration District No. ....

Primary Registration District No. 5934

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Halfway rural - N. Benton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community Lifetime  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Halfway rural - N. Benton  
(If outside city or town limits, write "RURAL")

(d) Street No. Northwest of Halfway  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Phillip Franklin 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 married

6. (b) Name of husband or wife Lease Jenkins 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 8 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 4 13 hr. min.

9. Birthplace Princeton Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business. ....

12. Name William Jenkins

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

14. Maiden name Harriet Blatchley

15. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Jenkins

(b) Address Halfway Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Red Cemetery

18. (a) Signature of funeral director Oby Gester of Hutchinson Mo

(b) Address Bellevue, Mo

19. (a) AUG 8 (Date received local registrar) (b) P. E. Westfall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1942 hour 05 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1 42 to July 26 1942  
that I last saw h. alive on July 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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).....

(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) (c) Means of injury 0

23. Signature Daryl C. McLean (M. D. or other) Address Bellevue Mo Date signed

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

84  
00

1256

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-42-1013

Date Filed 9-14-42

*P. E. Westfall - Balfour*

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 *Chas J. Ester*.....

Licensed Embalmer No. 4154

P. O. Address Balfour 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.