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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30625

State File No.

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 26

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL ROCKTOWNSHIP (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 3 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town RURAL 0 (If outside city or town limits write "RURAL")

(d) Street No. ROCK TOWNSHIP NEAR TENBROOK, Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? — — — — 0 years.

3. (a) PRINT FULL NAME HELEN JOYCE JENKINS

3. (b) If veteran, name war — — — —

3. (c) Social Security No. — — —

4. Sex F. /

5. Color or race W.

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife — — — — —

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

7. Birth date of deceased DEC. (Month) 26 (Day) 1940 (Year)

8. AGE: Years 1 Months 7 Days 25 If less than one day — hr. — min.

9. Birthplace (City, town, or county) ILLINOIS / (State or foreign country)

10. Usual occupation — — — —

11. Industry or business

FATHER
12. Name JAMES JENKINS /
13. Birthplace BOWLING GREEN (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ETHEL McCARVER
15. Birthplace (City, town, or county) ILLINOIS / (State or foreign country)

16. (a) Informant X Ethel Jenkins

(b) Address Billrive, Club 10 Tenbrook Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM. ST LOUIS Mo

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo

19. (a) 8/22/42 (Date received local registrar) (b) C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 21ST year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inquest held 8/21/42	
Due to Jury Verdict	
Due to Accidental drowning fell in Cistern	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 183-3	PHYSICIAN
Of autopsy 21	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 050

(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)

While at work? (e) Means of injury

23. Signature C H Clement JP Act Coro (M. D. or other)

Address Kimmswick Mo Date signed 8/22/42

R66 (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, ~~or by~~ .....

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

working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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, above space should be left blank.