

FILED JAN 11 1942

Registration District No. 76

Primary Registration District No. 5302

Registrar's No.

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

26
0
0

1. PLACE OF DEATH:
(a) County COLE
(b) City or town HENLEY-CLARK
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community, years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Henley
(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: 0

3. (a) PRINT FULL NAME Leonard Preston Jenkins
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 1
year 1942 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from AUGUST 12 to DEC. 1, 1942
that I last saw him alive on NOV. 30, 1942
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Doshia Jenkins
(c) Age of husband or wife if alive 67 years
7. Birth date of deceased: May 21 1870
(Month) (Day) (Year)

Immediate cause of death Chronic Lymphoid Leukemia 8 mos.
Duration 8 mos.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 74a

8. AGE: Years 72 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Engage MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation P.R. Section Hand

11. Industry or business

12. Name James Jenkins

13. Birthplace Ken, 1
(City, town, or county) (State or foreign country)

14. Maiden name no records

15. Birthplace no records
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer W. Smith
(b) Address Missouri

17. (a) Burial (b) Date thereof 12-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Jenkins
(b) Address Henley, Mo

19. (a) Jan. 2 1942 (b) Mrs. J. V. Hallenbach
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) Means of injury 2
Signature J. Omar Hickey (M. D. or other) D.O.
Address Henley, Mo. Date signed 12/2/42

1009

JAN 25 1943

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.....

G. M. Stephens

Licensed Embalmer No.....

2307

P. O. Address.....

Russellville 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.