S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5768

State File No.

Registration District No. 30 Primary Registration District No. 5103 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Benton Lindsay

(b) City or town Warsaw Twp. "Rural"
(If outside city or town limits, write "RURAL" and name of township)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town "Rural" Lindsay
(If outside city or town limits, write "RURAL")

(d) Street No. Warsaw Twp.
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John William Jinkins

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Josephine J. Jinkins

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

7. Birth date of deceased August (Month) 3 (Day) 1861 (Year)

8. AGE: Years 81 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Jinkins
13. Birthplace (City, town, or county) 9 unknown (State or foreign country)

MOTHER
14. Maiden name Marriah Salley
15. Birthplace (City, town, or county) 9 unknown (State or foreign country)

16. (a) Informant Mrs Andrew Smith
(b) Address Rt 3 Warsaw Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) 1-18-43 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

65

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1943 hour 6 minute P. 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.

Immediate cause of death Carcinoma Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Lee Hurt Co. Carmen (M.D. or other)

Address Warsaw, Mo. Date signed 1/15/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-43-15
Date Filed 2-3-43

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 .....

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.