

FILED FEB 15 1943

Registration District No. 138

Primary Registration District No. 5022

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wheeler
(b) City or town Cross Timbers - Mo
(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 life
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wheeler
(c) City or town Cross Timbers - Mo
(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 1

3. (a) PRINT FULL NAME Letha A. Jenkins

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex fm 5. Color or race wh 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Sept 1, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 26 hr. min.

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

10. Usual occupation Help

11. Industry or business

12. Name Mathias Jenkins

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

14. Maiden name Nancy Barnett

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

16. (a) Informant Mrs Hoyt Brown

(b) Address Cross Timbers Mo

17. (a) burial (b) Date thereof 1/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers, Cem

18. (a) Signature of funeral director J. Luckey

(b) Address Whitclay Mo

19. (a) Feb 1 - 43 (b) Mary A. Carlstrom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1943 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from August 15, 1942, to Jan 23, 1943; that I last saw him alive on Jan 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decomp - 6 days
prolonged exposure to aphantia 3 days
cerebral hem. & partial paralysis 2 yrs.

Due to prolonged exposure to aphantia 3 days

Due to confinement to bed after cerebral hem. & partial paralysis 2 yrs.

Other conditions (include pregnancy within 3 months of death) 1

Major findings: Of operations 1
Of autopsy 1

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) (e) Means of injury 1

23. Signature M. H. Kreehan (M. D. or other) DO.
Address Cross Timbers Mo Date signed Feb 1, 1943

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

13
00
0

MOTHER FATHER

1094

RECEIVED
District Health Officer No. 7,
District File Number 1-43-75
Date Filed 2-5-43

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 J. P. Lucney
Licensed Embalmer No. 2985
P. O. Address Wheatland 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.