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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 288

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13 11156

Primary Registration District No. 59-5-1-4426

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Fairplay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community XX
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. XX
(If rural, give location)

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

If yes, name country XX /

3. (a) PRINT FULL NAME George Franklin Jenkins

3. (b) If veteran, name war XXX

3. (c) Social Security No. 488-16-8676

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Bessie Mae Jenkins

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

7. Birth date of deceased Dec. 25, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	00	20	XXXXXXX min.

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

10. Usual occupation Farming

11. Industry or business XX

FATHER
12. Name Jack R. Jenkins
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Beauchan
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Jenkins
(b) Address 921 Cherry Kansas City Mo.

17. (a) Burial (b) Date thereof 1-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cenetary

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) March 30-1943 (b) Lucille Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1943 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from Dec 20, 1942 to Jan 15, 1943
that I last saw him alive on Jan 5, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Stomach	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 b

Major findings:
Of operations
Of autopsy

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 0

23. Signature Doyle C McCrae (M. D. or other)
Address Bolivar Mo Date signed 1-16-43

1191

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-43-16
Date Filed 4-6-43

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 Melvin Church

Licensed Embalmer No: 3272

P. O. Address Stockton 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.