V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17489

State File No.

FILED JUN 12 1943

Registration District No. 1

Primary Registration District No. 3008

Registrar's No. 135

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

4
1
2

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hosp No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrain

(c) City or town Laddonia 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Leonard L. Jenkins

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Ofal Jenkins

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

7. Birth date of deceased May (Month) 20 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	10	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Jenkins
13. Birthplace NY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah J. Singleton
15. Birthplace NY (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof May (Month) 2 (Day), 43 (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Arnold Jr

(b) Address Mexico, Mo

19. (a) 5-2-1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from 3-25, 1943, to 5-2, 1943
that I last saw him alive on 5-2, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
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

23. Signature K. E. Sherrill (M. D. or other)

Address Fulton MO Date signed 5/2/43

(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 Ernest R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.