S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31597

State File No.

FILED OCT 7 1943

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural (St Johns Township)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ✓ 1 (Specify whether
In this community see his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 036

(c) City or town Washington, Mo. R.R. 1 E
(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 ✓

3. (a) PRINT FULL NAME JAMES E. JENKINS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 497-10-5221

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Sept. (Month) 11 (Day) 1904 (Year)

8. AGE: Years 38 Months 11 Days 20 If less than one day ✓ hr. min.

9. Birthplace Washington, Mo. R.F.D. 1 E 0
(City, town, or county) (State or foreign country)

10. Usual occupation Common laborer

11. Industry or business Labor

FATHER
12. Name Archie Jenkins
13. Birthplace Washington, Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dealy Gregory
15. Birthplace ✓ Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dealy Conceway
(b) Address Washington, Mo R.R. # 1 E

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director Nieburg & Vitt Inc.
(b) Address Washington, Mo.

19. (a) Sept 1, 1943 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 31-1943 day —
year — hour — minute ✓ M.

21. I hereby certify that I ~~attended~~ the deceased from war supposed to have been killed by a train, 19...;
that I last saw h ✓ alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and injuries from being hit by a train.

Due to ✓

Due to ✓

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

O.K. Ernst L. Oltmann coroner

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169-8
30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 036

(b) Date of occurrence Aug. 31-1943

(c) Where did injury occur? near South Point, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place ✓
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. A. May (M. D. or other) MD
Address Washington, Mo. Date signed 8/31/43

1181

(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~~ me

Lester H. Witt, ~~Registered Apprentice No.~~

working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.