

S. No. 2
1-9-4-41
5-17-39
P. 1 X22874

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31848

State File No.

Registrar's No. 76

OCT 13 1943

Registration District No. 155

Primary Registration District No. 3127

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City

(c) Name of hospital or institution 502 S. Madison
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City 049
(If outside city or town limits, write "RURAL")

(d) Street No. 502 S. Madison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINTED FULL NAME Trace Lydia Jenkins

3. (b) If veteran, name war No

3. (c) Social Security No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1943 hour 1 minute 20 M.

5. Color White

6. (a) Single, widowed, married Married
divorced None

(b) Name of husband or wife Richard Jenkins

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased August 17 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 4 1943 to Sept 4 1943
that I last saw him alive on Sept 4 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 0 Days 6 If less than one day _____ min _____

Immediate cause of death Coronary Occlusion

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

Due to _____

Due to 9/4/43

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business Housewife

12. Name Ernest H. Powers

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

14. Maiden name Susan Ingram

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Jenkins

(b) Address Webb City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date Sept 7 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Miss Liberty Ind Co

(b) Address Webb City Mo

19. (a) Sept 7 1943 (b) Miss Lillian Eagle
(Date received local registrar) (Registrar's signature)

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, or industrial place, in public place? _____

While at work _____ (Specify type of place) _____

23. Signature Miss Lillian Eagle (M. D. or other) h.o.

Address Webb City Mo Date signed 9-6-43

1180

(Licensed Embalmer's Statement on Reverse Side)

43-9-967

DEC 1 1948

NOV 9 1948

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 myself,
....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wells City, 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.