

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

LED NOV 12 1943
Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: Jones Chemical Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 9 months (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 522 Madison (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Dwight Stephens Jenkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Madison 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Jan 11 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Express Agent

12. Name Richard Jenkins

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

14. Maiden name Martha Jones

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

16. (a) Informant Richard Jenkins

(b) Address Webb City Mo

17. (a) Burial (b) Date thereof Oct 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Mo

(b) Address Webb City Mo

19. (a) Oct 28 1943 (Date received, local or other) Mrs. Lillian Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1943 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 9 1943, to Oct 27 1943
that I last saw him alive on Oct - 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 920

Major findings: Of operations

Of autopsy

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) (Specify means of injury)

23. Signature M. D. or other

Address 201 W. Broadway Date signed 10-28-43

43-10-896

NOV 7 1949

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 Blayton 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.