

No. 2  
1-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3411

State File No. \_\_\_\_\_

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN <sup>57</sup>

(c) City or town TROY  
(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 LINDSEY RODGER JENKINS

(b) If veteran, name war L

(c) Social Security No. L

4. Sex MALE

5. Color or race WHITE

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

(b) Name of husband or wife Rhoda Victoria Thurman

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT 20 1857  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Lincoln Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name JOHN JENKINS

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

14. Maiden name ELKITA DK.

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

16. (a) Informant HENRY B. HOLMES

(b) Address TROY MO.

17. (a) BURIAL (b) Date thereof 1/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, MISSOURI

18. (a) Signature of funeral director Walter Funeral Home

(b) Address TROY MO.

19. (a) Jan 22-44 Mrs. Fay Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 18  
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June  
\_\_\_\_\_, 1943 to Jan 18, 1944  
that I last saw him alive on Jan 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy, IWA.

Due to Arterio Sclerosis.

Due to Senility.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy NO

PHYSICIAN JZA

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 \_\_\_\_\_ Means of Injury \_\_\_\_\_

23. Signature Joe C. Leavelle  
Address Troy Mo. Date signed 1/18/44

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

1146

(Licensed Embalmer's Statement on Reverse Side)

4 E

SEP 4 1947

**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..... Joseph J. Marsh  
Licensed Embalmer No. 3932  
P. O. Address..... Troy, 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.**