

FILED AUG 4 1944

Registration District No. 74

Primary Registration District No. 3052

Registrar's No. 232

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BOTHWELL HOSPITAL  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80  
(c) City or town HUGHESVILLE 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. ROUTE #1 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT B. 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 - 16 - 1857  
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace PETTIS Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER

12. Name JAMES JENKINS

13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN V. KELLY

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

16. (a) Informant JOE JENKINS

(b) Address HUGHESVILLE, MO

17. (a) BURIAL (b) Date thereof 7-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 7/10/44 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7<sup>TH</sup> year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 4-44 to July 7-44  
that I last saw him alive on July 2, 44 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Influenza chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 12/18

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Smith (M. D. or other) no

Address Sedalia Date signed July 8

1002

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

604

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 8-4-44

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 Geo Dillard  
Licensed Embalmer No. 3868  
P. O. Address Sebastic

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.