V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31012

State File No.

FILED OCT 11 1944

Registration District No. 7 Primary Registration District No. 2 2 2 Registrar's No. 5

43
0
0

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

1. PLACE OF DEATH:
(a) County: Hickory
(b) City or town: Cross Timbers (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: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Hickory
(c) City or town: Cross Timbers (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Alexander Jenkins
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Flora Jenkins
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: March 9, 1869 (Month) (Day) (Year)
8. AGE: Years 75 Months 5 Days 18 If less than one day hr. min.
9. Birthplace: Hickory County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: John M. Jenkins
13. Birthplace: unknown, Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ella Smith
15. Birthplace: Memphis, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Flora Jenkins, (wife)
(b) Address: Cross Timbers, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Cross Timbers
18. (a) Signature of funeral director: Duane Gunn
(b) Address: Sedalia, Missouri
19. (a) Sept 13-44 (Date received local registrar) Mary F. Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 27 year: 1944 hour: 9:30 minute: P. M.
21. I hereby certify that I attended the deceased from Aug 21, 1944, to Aug 27, 1944, that I last saw him alive on Aug 27, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic poisoning	10 days
Due to: Cardiovascular Renal disease	6 years
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. D. Bailey (M. D. or other)
Address: Hermitage Mo. Date signed: Aug 31, 1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. Barla
Heinotage

RECEIVED
... Health Officer No. 7,
... File Number 9-44-1146
... Filed 10-10-44

Jenkins

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 Duane Ewing

44-OE-8 Licensed Embalmer No. 3847

P. O. Address Sedalia

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.