

FILED NOV 15 1944

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1121

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
313 1/2 Indiana
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME Henry B. 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 Rebecca 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 5, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	26	hr. min.

9. Birthplace Bradleyville, Missouri A
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Self

MOTHER FATHER { 12. Name Blackburn C. Jenkins

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

14. Maiden name Martha J. Collier

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

16. (a) Informant Rebecca Jenkins (Wife)
(b) Address 313 1/2 Indiana, City

17. (a) Burial (b) Date thereof 11/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John E. [Signature]
(b) Address 6054 Pryor Ave. City

19. (a) 11-2-44 (b) Helen J. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 313 1/2 Indiana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31, year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 40, 19 to Oct 31, 1944, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Embolism 1 HOUR

Due to Chronic myocarditis and endocarditis 2 YEARS

Due to Lobar Pneumonia 2 YEARS

Other conditions SPINAL CORD INJURY 4 YRS.

Major findings:
Of operations 108

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 Ed J. Gross (M. D. or other) DO

Address 5008 N. [Address] Date signed 11-1-44

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

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.....

John C. Rupp
.....
Licensed Embalmer No. *3986*
.....
P. O. Address *St. Joseph, 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.