

S. No. 2
OM-2-43
v. 5-17-39
I X35697

37639

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 13 1944

Registration District No. 707

Primary Registration District No. 5399

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Casspell
(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 1
(Specify whether years, months or days)

In this community 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town rural 211
(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 James Clyde Jenkins

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race w

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

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 26 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 5
If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name James M Jenkins

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

14. Maiden name Josephine Barnes

15. Birthplace Clay Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Jenkins

(b) Address Wagon Mo

17. (a) burial (b) Date thereof Oct 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins

18. (a) Signature of funeral director Walter Rafter

(b) Address Wagon Mo

19. (a) 11-1-1944 (b) John Spurluck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1944 hour 1 minute 50 P M.

21. I hereby certify that I attended the deceased from May 20 1944 to Sept 30 1944
that I last saw him alive on Sept 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
disease of heart
mitral stenosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 92k

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 Y Gentry (M. D. or other)
Address Wagon Mo Date signed 11-2

1656

Oct 4-49

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

400

RECEIVED

District Health Officer No. 6

District File Number 1244-1324

Date Filed DEC 11 1944

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.....

was not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Denver Rolby*

Licensed Embalmer No.....

P. O. Address.....

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.