

S. No. 2
M-5-42
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1945
Registration District No. 77

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5918
Registrar's No. 31

Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jessenias City
(c) Name of hospital or institution 213 East Johnson
(d) Length of stay: In hospital or institution 3 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Moniteau
(c) City or town California MO
(d) Street No. R. T. D. 68
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charles S. Jenkins
(b) If veteran, name war 770
(c) Social Security No. 710

20. DATE OF DEATH: Month Feb day 9 year 1945 hour 9 minute 30 M.
21. I hereby certify that I attended the deceased from 1945 to Feb 9 1945
that I last saw him alive on Dec 9 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife
6. (c) Age of husband or wife If alive 7 1/25

Immediate cause of death: Hypertensive Paralysis
Due to: Hypertension & diabetes
3 Congestive failures
Duration: 1045

8. AGE: Years 27 Months 2 Days 2 hr min

9. Birthplace Missouri

10. Usual occupation Farming

11. Industry or business

12. Name Robert Jenkins
13. Birthplace Moniteau
14. Maiden name Norma E. Johnson
15. Birthplace Perry Missouri

16. (a) Informant Truman Johnson
(b) Address 213 E. Johnson St

17. (a) Burial (b) Date thereof Feb. 13-45
(c) Place: burial or cremation Springtown Cem

18. (a) Signature of funeral director Pauline P. Norris
(b) Address California MO

19. (a) 2-9-45 (b) Norma Richter

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature: Norman Richter (M. D. or other)
Address: Springtown City Date signed: 2-9-45

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

MOTHER FATHER

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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 717 R.

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California

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.