

FILED NOV 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. 33054

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 Yeras
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Adrian 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1945 hour 7 minute 15P M.

21. I hereby certify that I attended the deceased from Oct. 16
1945 to Oct. 18, 1945
that I last saw him alive on Oct. 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to Coronary sclerosis years

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature E. E. Robinson (M. D. 0)
Address Adrian, Mo. Date signed 10-20-45

3. (a) PRINT FULL NAME

Charles Eugene Jenkins

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zada A. Jenkins 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 20 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Andrew Jenkins

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

14. Maiden name Mary Ellen Settles

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

16. (a) Informant M. E. Jenkins

(b) Address Butler Mo.

17. (a) Burial (b) Date thereof 10-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cem.

18. (a) Signature of funeral director Leath & Co.

(b) Address Adrian Mo.

19. (a) 10-20-45 (b) Leath & Co.
(Date received local registrar) (Registrar's signature)

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

7
0
3

District Officer No. 1,

District No. 10-45-1049

Date Recd. 11-7-45

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 and

Fred J. Leath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3650

P. O. Address: Adrian 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.