. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33096

State File No.

FILED NOV 9 1945

Registration District No. 34 Primary Registration District No. 4045 Registrar's No. 90

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Ashland, Mo.
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Ashland 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Shannon Lee Jenkins
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora May Jenkins
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June (Month) 28 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	13	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry Jenkins
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Martha Jenkins
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Dora May Jenkins
(b) Address Ashland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cemt.
18. (a) Signature of funeral director W. C. Burnett
(b) Address Ashland
19. (a) 10-11-45 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1945 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct. 1, 1945, to Oct. 11, 1945 that I last saw him alive on Oct. 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature T. B. Dyer (M. D. or other)
Address Ashland Mo Date signed 10-11-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 11-8-45

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 LeRoy Claypool, Registered Apprentice No. 374, working under my personal supervision.

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Oakland Cal

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.