

FILED NOV 8 1945
Registration District No. 64

Primary Registration District No. 4110

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21
(c) City or town Salisbury 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Gertha Levi 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 Mary Jenkins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 18 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 1 hr. _____ min.

9. Birthplace Randolph County Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Cowan Jenkins
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)
14. Maiden name Susan Smothers
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Jenkins
(b) Address Salisbury, Missouri
17. (a) burial (b) Date thereof 10/21/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek cemetery near Moberly, Mo.
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo.
19. (a) Oct 20 1945 (b) W. H. Hawthorne, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1945 hour 3:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1 1945 to Oct 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Due to Chronic Rheumatism

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

Major findings:
Of operations _____
Of autopsy g3d

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)
Means of injury _____

23. Signature W. H. Hawthorne (M. D. or other) _____
Address Salisbury Mo Date signed Oct 20 / 45

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-2-45

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.....

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

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville md

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.