

FILED FEB 11 1946

Registration District No. 151

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution Lee Nursing Home - 1823 Grand
(d) Length of stay: In hospital or institution 5 days
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 701 N. Maiden Lane
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Anthony Warren Jenkins

3. (b) If veteran. name war No. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Vernon County Missouri

10. Usual occupation Plasterer

11. Industry or business Republic Lead & Zinc Co

12. Name Amos Jenkins

13. Birthplace Jacksonvillle Ohio

14. Maiden name Lydia Ann Chambers

15. Birthplace Portsmouth Ohio

16. (a) Informant Mrs Gene Keith
(b) Address 2282 North St Louis Ave

17. (a) burial (b) Date thereof 1-31-46
(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thurlow Willon
(b) Address 305 W. 4th St

19. (a) 1-31-46 (b) Ed S Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1946 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1-28 1946 to 1-29 1946
that I last saw him alive on 1-29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Duration 5 days

Due to

Due to

Other conditions

Major findings: Of operations 830

Of autopsy

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. S. Loveland (M. D. or other)
Address Joplin Mo Date signed 1/31/46

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

1379

46-1-26

FEB 18 1945

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, Missouri*

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.