

No. 2
-8-43
5-17-39
I X37823

FILED MAR 12 1946

Registration District No. **28**

Primary Registration District No. **3006**

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
146 W. Blvd. So. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone **10**

(c) City or town Columbia **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 146 W. Blvd. So. **4**
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSE MARY LOU JENKINS

3. (b) If veteran, name war None

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1946 hour Near minutes Midnight M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 8 - 28 - 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 5 7 hr. min.

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

10. Usual occupation Student

11. Industry or business _____

Immediate cause of death Strangulation

Due to Strangled with wire

Due to _____

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

Major findings: Of operations _____

Of autopsy Strangulation

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name J.D. Jenkins

13. Birthplace Springfield Mass.
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Johnston

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

16. (a) Informant J.D. Jenkins

(b) Address 146 W. Blvd. So., Columbia, Mo.

17. (a) Burial (b) Date thereof 2 9 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Patton Funeral Service

(b) Address Columbia, Mo.

19. (a) 2-14-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) murder

(b) Date of occurrence Feb 5-1946

(c) Where did injury occur? Columbia Boone Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place)

(e) Means of injury _____

23. Signature E. Ward Coroner 3
Address Columbia Mo Date signed 2/7/46

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

3602

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-11-46

JAN 24 1949

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 Thos L. Tamm

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.