

FILED MAR 28 1946

Registration District No. 2

Primary Registration District No. 3055

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Balvau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 West Maupin 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 yrs. (Specify whether years, months or days)
In this community 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 34
(c) City or town Balvau 1
(If outside city or town limits, write "RURAL")
(d) Street No. 316 West Maupin 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

John Anthony Jenkins

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1946 hour 6:40 minute 9 M.

21. I hereby certify that I attended the deceased from July 15 to Feb 26 1946.
that I last saw her alive on Feb 25 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death: acute heart failure

Due to chronic myocarditis

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations
Of autopsy 93d

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 U

23. Signature DePaul ... (M. D. or other)
Address Polk Date signed

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

6. (b) Name of husband or wife Martha Louise Jenkins 6. (c) Age of husband or wife if alive Recent years

7. Birth date of deceased: Mar 16 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Edmond Jenkins

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

14. Maiden name Elizabeth Agler

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

16. (a) Informant Mrs Gera Mc Spenehan

(b) Address Balvau Mo

17. (a) Burial (b) Date thereof Feb 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Mc Neely Cemetery
near water

(b) Address Balvau Mo

19. (a) Feb 28 1946 (b) Ralph Gorden
(Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

5700

14
11
1

RECEIVED

Health Officer No. 7,

Issue

2-46-168

Date Filed

3-7-46

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.

Signature

Willard B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Baltimore, 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.