

No. 2  
4-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8221

State File No. \_\_\_\_\_

**FILED** MAR 12 1946

Registration District No. 341

Primary Registration District No. 30 75

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE HESTER JENKINS

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17 year 1946 hour 10 minute 10 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec. 23 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DECEMBER 10, 1944, to FEB 17, 1946; that I last saw her EA alive on FEB 17, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 1 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death CORONARY THROMBOSIS Duration 4 MIN

Due to ARTERIO SCLEROSIS, & HYPERTENSION 7 YEARS

Due to \_\_\_\_\_

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

10. Usual occupation Retired

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James Smith

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Morris

15. Birthplace no record  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elsie Summers

(b) Address Dewitt, Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Mo.

19. (a) 2-17-46 (Date received local registrar) (b) Morrison (Registrar's signature)

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 2

23. Signature L. H. Pa (D. or other) DO.

Address Dexter, Mo. Date signed 2/17/46

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

7161

311

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 346-355

Date Filed 3/18/46

REC 15 ST 90A

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 \_\_\_\_\_

Licensed Embalmer No. 2479

P. O. Address Dexter, Mass.

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.