

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

13900

FILED MAY 16 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 211

Primary Registration District No. 5777

Registrar's No. 2-46

1. PLACE OF DEATH

(a) County Miller
(b) City or town Rural Equality
(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 Mo. (b) County Miller 66
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Union B. 1 Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES PHILLIP JENKINS

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jane Sanders 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 31 1893 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Loshaw County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Fredrick Jenkins 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Jessie Green
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mont Weyrich
(b) Address Union Mo.

17. (a) Burial (b) Date thereof 4 23 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Cemetery

18. (a) Signature of funeral director Lora A. Adams

(b) Address Union Mo.

19. (a) April 23-46 (b) Mrs. Richard L. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 19 1946
2 6 1946 to April 19 1946
that I last saw him alive on April 18 1946
and that death occurred on the 18th hour stated above.

Immediate cause of death Lobar Pneumonia Duration 15 days

Due to Virus Infection

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108 PHYSICIAN _____

Of autopsy _____

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? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature M. E. Humphrey M. D. or other D.O.

Address Luscumbia Mo. Date signed 4-23-46

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

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-14-46

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.

Signed.....

Leslie R. Adams
Licensed Embalmer No. 4207

P. O. Address Iberia, 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.