. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20331

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2853

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3729 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 47 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3729 Broadway 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Burris Jenkins
3. (b) If veteran, name war World War I
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October 31 1898
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days ~~23~~ 22 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Real Estate Broker
11. Industry or business Self
FATHER
12. Name Andrew Paul Jenkins
13. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Theresa Hey
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Theresa A. Jenkins
(b) Address 3729 Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Elmwood Cemetery
18. (a) Signature of funeral director D. F. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 6-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23RD
year 1946 hour 5 minute 06 P M.
21. I hereby certify that I attended the deceased from Coronary, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 a	

Major findings:
Of operations
Of autopsy no
History & Impression

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

23. Signature [signature] (M. D. or other) Coron 3
Address 1444 [illegible] Date signed 6-24-46

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K.C. 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.