

FILED SEP 3 1946

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(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 7 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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

Roy Jenkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1885 years

7. Birth date of deceased March 17, 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 0
If less than one day hr. min.

9. Birthplace Burbin Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

MOTHER FATHER

12. Name David C. Jenkins

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

14. Maiden name Christina Flew

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

16. (a) Informant Mrs. H.C. Steffins

(b) Address Odessa, Mo.

17. (a) Removal (b) Date thereof Aug. 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas.

18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.

19. (a) Aug. 21-46 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1949
from 10 PM to 19
that I last saw him alive on June 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
(Due to slight suddenly in night)
Duration

Other conditions: Hypertensive
(Includes pregnancy within 3 months of death)
Heart disease with
Major findings: Atherosclerosis
Of operations

Of autopsy: No autopsy of 3 P
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) No
(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
23. Signature [Signature] (M. D. or other)
Address Odessa, Mo. Date signed 8/17/46

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

153

191

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-31-42

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.....

Wm. T. Sparks....., Registered Apprentice No. 385
working under my personal supervision.

Signed Irving F. Husman.....

Licensed Embalmer No. 2541.....

P. O. Address Odeessa, 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.