S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED SEP 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29523

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 226

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 Days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: Hotel Ben Bolt,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jacque D. Jenkins
3. (b) If veteran, name war: –
3. (c) Social Security No. 500-12-6158
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Dorothy Jenkins
6. (c) Age of husband or wife if alive: – years
7. Birth date of deceased: October (Month) 9 (Day) 1888 (Year)
8. AGE: Years 57 Months 11 Days 7 If less than one day hr. min.
9. Birthplace: Springfield (City, town, or county) Mass (State or foreign country)
10. Usual occupation: Interior Decorator
11. Industry or business: " "

MOTHER FATHER

12. Name: Jacque Jenkins
13. Birthplace: Mass (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Douglas
15. Birthplace: Scotland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Dorothy R. Jenkins
(b) Address: Hotel Ben Bolt, Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 18-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Columbia, Missouri
19. (a) 9-19-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 16th year 1946 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from July 15, 1946 to Sept 16 1946 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism, acute
Due to: Prolonged illness and confinement in bed.
Due to:
Other conditions: Carcinoma of Bladder
(Include pregnancy within 3 months of death)
Major findings: Of operations: Carcinoma of Bladder.
Of autopsy: Not done.

Duration

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: Robert A. Simpson, M.D. (M. D. or other)
Address: Columbia Mo Date signed: Sept 17, 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-177
Date Filed 9-23-46

OCT 9 1946

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.