

FILED APR 23 1947

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Polk
(b) City or town "Rural" Marion Twp.
(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 Home
In this community 5 ~~days~~ minutes
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk **84**
(c) City or town "Rural" **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N. of Bolivar **4**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Ronnie Lee Jenkins

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 30 1947
(Month) (Day) (Year)

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

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Cecil Jenkins

13. Birthplace Polk County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bell

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

16. (a) Informant Cecil Jenkins

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof Mar. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) April 14, 1947 (b) Kalash Garden
(Date received local register) (Register's signature)

258 (Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 06 minute 30 AM.

21. I hereby certify that I attended the deceased from 30 March 1947

_____ 19____ to _____ 19____;
that I last saw him alive on 30 March 1947;

and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 159

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?

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

23. Signature Ph. Robinson (M. D. or other) MD

Address Bolivar, Mo. Date signed 31 Mar 47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 3-47-504
Date Filed 4-22-47

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..... Not embalmed.....

Licensed Embalmer No.....

P. O. Address.....

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.