

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No. _____

FILED JUL 9 7 1947

Registration District No. _____

Primary Registration District No. 56674287

Registrar's No. 42

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

17
2
0

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY
(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 MISSOURI (b) County LINCOLN 57

(c) City or town TROY 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rhoda Thurman Jenkins

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1947 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 1945
19____ to June 23, 1947;

that I last saw her alive on June 23, 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Lindley R. Jenkins

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

7. Birth date of deceased July 5 1859
(Month) (Day) (Year)

Immediate cause of death _____

Due to Terminal Pneumonia

Due to Mania

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

8. AGE: Years Months Days If less than one day

87 11 17 hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace TROY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name Joseph David Thurman

13. Birthplace WARREN Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name WINIFRED Shelton

15. Birthplace LINCOLN Co MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nenty Holmes

(b) Address TROY, MISSOURI

17. (a) BURIAL (b) Date thereof JUNE 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, CEM. TROY, MISSOURI

18. (a) Signature of funeral director Member, Funeral Home

(b) Address Troy, Mo 64684

19. (a) July 2nd 1947 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

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 JHS Harris (M. D. or other) _____

Address Troy Mo June 24 1947

Date Filed 7/8/47

District File Number

District Health Officer No. 9

RECEIVED

SEP 4

1947

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Proy, Missouri

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.