

No. 2-45
7-39
X47070

FILED AUG 7 1947

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
IOII South Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Wellington Jenkins

3. (b) If veteran, name war _____

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 Alice

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

7. Birth date of deceased July 25 1880
(Month) (Day) (Year)

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

67	II	30	hr. min.
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9. Birthplace Floyd County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Self

MOTHER FATHER

12. Name William Christopher Jenkins

13. Birthplace No data Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Julian Earles

15. Birthplace No data Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Wife - Mrs. J. Jenkins

(b) Address IOII South Madison

17. (a) Burial (b) Date thereof 7-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) JULY 27, 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. IOII South Madison
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1947 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from July 24 th 1947 to July 24 1947 that I last saw him alive on July 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1 day

Due to _____

Due to _____

Other conditions 83A
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature [Signature] (M. D. or other) D.O.

Address WEBB CITY MO Date signed 7-25-47

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

47-8-601

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.....

Leonard J. Levin Jr. , Registered Apprentice No. *46*
working under my personal supervision.

Signed.....

E. M. Hedge

Licensed Embalmer No. *2859*

P. O. Address.....

Celebrity

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.