No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26538

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL") 1
(d) Street No. 504 E. Arch (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country ✓

3. (a) PRINT FULL NAME Henry Clay Jenkins
3. (b) If veteran, name war None
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Belle Jenkins
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec (Month) 3 (Day) 1883 (Year)
8. AGE: Years 63 Months 7 Days 29 If less than one day hr. min.
9. Birthplace Paola (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Engineer at Ice Plant
11. Industry or business
MOTHER FATHER
12. Name Thomas J. Jenkins
13. Birthplace Jenkinstown (City, town, or county) Jenkinstown (State or foreign country)
14. Maiden name Elizabeth Beets
15. Birthplace Atherton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Margaret B. Jenkins
(b) Address Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-'47 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Allen E. Hays
(b) Address Nevada Mo.
19. (a) 8-7-'47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~AUG~~ JULY day 31 year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from ~~AUG~~ JULY 31, 1947, to ~~AUG~~ JULY 31, 1947; that I last saw him alive on ~~AUG~~ JULY 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS — Duration 14 HRS
Due to ✓
Due to ✓
Other conditions HEAT EXHAUSTION (Include pregnancy within 3 months of death)
Major findings of operations 11 AM 31 ~~AUG~~ JULY 47
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically. 8

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) HEAT EXHAUSTION
(b) Date of occurrence 11 AM 31 ~~AUG~~ JULY 47
(c) Where did injury occur? NEVADA (City or town) MO. (County) VERNON CO. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? AMERICAN ICE CO (Specify type of place)
While at work? None (e) Means of injury CLEANING FIRE
23. Signature [illegible] (M.D. or other)
Address Nevada Mo. Date signed 8-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-47-933
Date Filed 8-12-47
DEC 2 1947
DEC 1 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 Allen V Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.