

FILED AUG 4 1947

Registration District No. **374**

Primary Registration District No. **45-20**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Sheridan Mo**
(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 **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth**
(c) City or town **Sheridan**
(If outside city or town limits, write "RURAL")
(d) Street No. **/** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lacy Hammond Jenkins**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, divorced, **married**
6. (b) Name of husband or wife **Jessie Jenkins** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Nov 5 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **9** If less than one day hr. **1** min. **4**

9. Birthplace **Sheridan Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **John W Jenkins**
13. Birthplace **Wales** (State or foreign country)
14. Maiden name **Milly Runyan**
15. Birthplace **Ohio** (State or foreign country)

16. (a) Informant **Jessie Jenkins**
(b) Address **Sheridan Mo**

17. (a) **Burial** (b) Date thereof **July 16 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sheridan Cemetery**

18. (a) Signature of funeral director **Arch C Dunfell**
(b) Address **Grand City Mo**

19. (a) **July 24 1947** (b) **Leta C. Dawson**
(Date received local registrar) (Registrar's signature) **3115**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1947** hour **10** minute **30 P** M.
21. I hereby certify that I attended the deceased from **April** 19 **47** to **date** 19 **47**
that I last saw him alive on **July 10** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Atherosclerotic Cardiovascular Disease**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **438**
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? _____

(Specify type of place) _____
While at work? _____ (a) Means of injury _____
23. Signature **Frank B. Patterson** M.D. or other _____
Address **Grand City Mo** Date signed **15 July 47**

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

13
00

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Arch C. Dungee*
Licensed Embalmer No..... *3252*
P. O. Address..... *Front City, 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.