No. 2
-1/47
-17-39

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

28102

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19, 1947

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks. (Specify whether
In this community 46 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Sargeant Ave; 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Edward P. Jenkins.
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Blanche E. Jenkins.
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov. 10, 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Louisville Ky; (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business Inter State Supply Co.

FATHER
12. Name James M. Jenkins
13. Birthplace Simpson Co. Ky; (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda A. Hart
15. Birthplace Simpson Co. Ky; (City, town, or county) (State or foreign country)

16. (a) Informant Blanche E. Jenkins.
(b) Address 315 Sargeant Ave, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Missouri.
19. (a) 7-18-47 (Date received local registrar) Dolores Lampkins DR (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 16, day 1947
year ..... hour 10-20 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Apr 10, 1947, to July 16, 1947, that I last saw him alive on July 16, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	24 hrs.
Due to Toxemia of Cancer	
Due to Ca of Prostate c̄ metastasis to lungs	about 1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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? (e) Means of injury 0

Signature J M Walker (M. D. or other)
Address 518 Frisco Bldg Joplin Mo. Date signed 7-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-651

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 _____

Licensed Embalmer No. 95-9

P. O. Address Joplin 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.