S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30427

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1163

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. M.E. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Bolckow 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Franklin 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 Widowed
6. (b) Name of husband of wife nellie Schmitt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 15 (Day) 1876 (Year)

8. AGE: Years 71 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Andrew co (City, town, or county) mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Forester Jenkins
13. Birthplace unknown (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Eliza Eisiminger
15. Birthplace Andrew Co (City, town, or county) mo (State or foreign country)
16. (a) Informant Joe Jenkins
(b) Address Bolckow mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bolckow
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo
19. (a) 9-27-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 592

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1947 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from 9-26-1947 to 9-27-1947 that I last saw him alive on 9-27-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Paralysis agitans — Duration: Few minutes 8 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations arteriosclerosis general
Of autopsy not done

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) 0
While at work? (e) Means of injury

23. Signature E. M. Shores (M. D. or other) M.D.
Address 317 Lick patrick Bldg. St. Joseph mo Date signed 9-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.