No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 6 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30490
Primary Registration District No. 4053
Registrar's No. 1156

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: DeKalb - town of DeKalb
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Public Place - In Auto 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Lifetime at Halls, Mo. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: Halls, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. # 1 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Isaac Jenkins
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Katherine
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: September (Month) 20, (Day) 1880 (Year)
8. AGE: Years 67-0- Months 0 Days 7 If less than one day hr. min.
9. Birthplace: Buchanan Co., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER
12. Name: Isaac B. Jenkins
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Almeda Moser
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant: C.A. Jenkins (nephew)
(b) Address: Rt. # 2 DeKalb, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cemetery
18. (a) Signature of funeral director: John E. Ralph
(b) Address: 6054 Pryor Ave., City
19. (a) Sept 29 1947 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 3 X 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 27, year 1947 hour viewed 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 27th 47, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to:	
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: Coroner 3
23. Signature: B. W. Tadlock (M. D. or Coroner)
Address: King Hill Bldg. Date signed: 9/29/47
St. Joseph, Mo.

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 Roland D Clark Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Murphy

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.