No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38226

FILED DEC 9 1947

Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 4982

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. GENERAL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether years, months or days)

In this community 6 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3 8

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 3417 CHARLOTTE (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME JAMES EDWARD JENKINS

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-8141

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETHAL EE JENKINS

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased MARCH (Month) - 2 (Day) - 1911 (Year)

8. AGE: Years 36 Months 8 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace CLINTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business GILLETTE TRANSFER CO.

FATHER
12. Name LUTHER JENKINS
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name PEARL DAUGHERTY
15. Birthplace HENRY COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Ethalee Jenkins

(b) Address 3417 CHARLOTTE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEMETERY CLINTON, MISSOURI

18. (a) Signature of funeral director D.H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26 year 1947 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from ....., 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 Acute Respiratory Failure

Due to Pulmonary Embolus.

Due to Fracture Right Leg

Other conditions Auto Trauma 17 SE 8 (Include pregnancy within 3 months of death)

Auto & pedestrian

Major findings: Of operation Deputy Coroner

Of autopsy See Above

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) Accident 173

(b) Date of occurrence 11-21-47

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? No (e) Means of injury? Trauma

23. Signature A. E. Upsher (M. D. or other)

Address 2800 Main Date 11/26/47

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.