S. No. 2
M—1/47
5-17-39

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

4892

State File No. 566

FILED FEB 20 1948

Registration District No. 7 9 Primary Registration District No. 1002 Registrar's No.

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1427 Holmes 8
(If rural, give location) 0
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Wm Ed Jenkins
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Deceased
6. (b) Name of husband or wife: Jessie Jenkins
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) - 2 (Day) - 1871 (Year)
8. AGE: Years 76 Months 10 Days 4 If less than one day hr. min.
9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Carpenter
11. Industry or business:
12. Name (Father): Alfred Jenkins
13. Birthplace (Father): Kansas (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Orlena L. Plummer
(b) Address: 504 East 24 Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: A.P. Dorsher
(b) Address: 1415 East 15
19. (a) 2-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 6
year: 1948 hour: 1 minute: 25 P.M.
21. I hereby certify that I attended the deceased from: Common, 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: Bronchio-pneumonia
Due to: 1 + 2 degen from fall head + neck
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: no
Hosting + Tuberculin

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 23
(b) Date of occurrence: 1-28-48
(c) Where did injury occur? (City or town) (County) Jackson (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) Home
While at work? no (e) Means of injury: fall
23. Signature: [illegible] (M. D. or other) Coroner
Address: 1424 Poy Ave Date signed: 2-6-48.

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.....

Licensed Embalmer No.....1166.....

P. O. Address.....1415 E 15.....

**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.**