

No. 300
1-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **126566**
Registrar's No. **1634**

FILED APR 24 1948/49
Registration District No. _____

Primary Registration District No. **1002**

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

18
238

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 No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 days**
In this community **30 YEARS**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3128 Agnes**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CLARENCE Leslie Jenkins**
(b) If veteran, name war **No**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **11**
year **1948** hour **6** minute **30 A.M.**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **MRS. MAUDE JENKINS**
(c) Age of husband or wife if alive **67** years
7. Birth date of deceased **MARCH 31 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 16**, 19**48** to **April 11**, 19**48**
that I last saw him alive on **April 11**, 19**48**
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **0** Days **11**
If less than one day hr. _____ min. _____

Immediate cause of death
Cerebrovascular accident
Diabetes mellitus
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **W**

9. Birthplace **KALAMAZOO MICHIGAN**
(City, town, or county) (State or foreign country)
10. Usual occupation **RETIRED CONDUCTOR**
11. Industry or business **A-T-V SANTA FE R.R.**
12. Name **CHARLES JENKINS**
13. Birthplace **KALAMAZOO MICHIGAN**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **None**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS. MAUDE JENKINS**
(b) Address **3128 AGNES AVENUE**
17. (a) **BURIAL** (b) Date thereof **APRIL 14 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. MORIAN CEMETERY**
18. (a) Signature of funeral director **D. H. Newcomer's Son**
(b) Address **1401 BRUSH CREEK BLVD.**
19. (a) **4-14-48** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp** Date signed **4-12-48**

B. Holmgren

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..... *Bernard J. Moran*

Licensed Embalmer No..... *4250*

P. O. Address..... *NC 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.