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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Stand

State File No. 20323

Primary Registration District No. 3052

Registrar's No. 181

1. PLACE OF DEATH:
(a) County: PETTIS
(b) City or town: SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 521 W 7TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 48 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: PETTIS 86
(c) City or town: SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 521 W 7TH ST 4
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: KATIE S JENKINS
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Ben
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: 12 (Month) 2 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	20	____ hr. ____ min.

9. Birthplace: PILOT GROVE (City, town, or county) MO (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: ____
MOTHER FATHER
12. Name: RUDOLPH SCHLUTZHAUER
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
14. Maiden name: TINK KAHRS
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: BEN JENKINS
(b) Address: SEDALIA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: MEM PARK
18. (a) Signature of funeral director: Geo Duland
(b) Address: Sedalia
19. (a) 6/24/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22nd year 1948 hour 10 minute 30a M.
21. I hereby certify that I attended the deceased from January, 1948, to June 22, 1948 that I last saw he alive on June 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic
Due to: ____
Due to: ____
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Nephritis, Chronic
Major findings:
Of operations: ____
Of autopsy: None

Duration

PHYSICIAN
Underline the cause to 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? ____
While at work ____ (Specify type of place) (e) Means of injury ____

23. Signature: Chas Gordon Kauffman (M. D. or other) MO
Address: Sedalia Mo Date signed 6-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-48

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 Frank S. Coffman Jr., Registered Apprentice No. 16 working under my personal supervision.

Signed John A. Cunellan

Licensed Embalmer No. 4387

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.