

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25378**
Registrar's No. **13**

FILED SEP 7 1948
Registration District No. **1948**

Primary Registration District No. **4521**

1. PLACE OF DEATH:
(a) County **Audrain**
(b) City or town **Laddonia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **67 years**
years, months or days)

3. (a) PRINT FULL NAME **Daniel-Dewitt-Jenkins**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **deceased** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 2 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **11** Days **25** If less than one day hr. _____ min.

9. Birthplace **Cuirre Township** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Mail Carrier**

11. Industry or business _____

12. Name **J. H. Jenkins**

13. Birthplace **Illinois** (City, town, or county) (State or foreign country)

14. Maiden name **Richter**

15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Harold Jenkins**

(b) Address **Laddonia**

17. (a) **Laddonia Cemetary** (b) Date thereof **Aug. 29, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laddonia Cemetary**

18. (a) Signature of funeral director **Clyde C. Wilbey**

(b) Address **Laddonia, Mo.**

19. (a) **9-2-48** (b) **Donatus Kemper**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27**
year **1948** hour **03** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 16**, 1948, to **Aug 27**, 1948, that I last saw him alive on **Aug 26**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Chronic**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **W. K. McCall** (M. D. or other) _____

Address **Laddonia Mo** Date signed **8-27-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

300
47
39
8908

NOV 19 1948
JUN 19 1948
JUN 19 1948

RECEIVED

District Health Office No.

District File Number 748.1

Date Filed SEP 4 - 1948

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 Rayde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Ind

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.