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-1747  
-1739

FILED OCT 26 1948

Primary Registration District No. **3000**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Bates**

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

(c) Name of hospital or institution: **201 S. Havana Home**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **most of life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Butler**  
(If outside city or town limits, write "RURAL")

(d) Street No. **201 S. Havana**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **ANTIONETTE DAVIS 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 **2** **widowed**

6. (b) Name of husband or wife **J. Rudolph Jenkins**

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

7. Birth date of deceased **May 21 1854**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>94</b>	<b>4</b>	<b>29</b>	hr. min.

9. Birthplace **Vivay Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

11. Industry or business

12. Name **William Davis**

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

14. Maiden name **No Record**

15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Fisk, Sr.**

(b) Address **Butler, Missouri**

17. (a) **Burial** (b) Date thereof **10-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakhill Cemetery  
Culver-Underwood**

18. (a) Signature of funeral director **Butler, Missouri**

(b) Address **Butler, Missouri**

19. (a) **10-21-48** (b) **Rendall Kerey**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**  
year **1948** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **1934**  
to **1948**, 19 to **Oct 19**, 19 to **1948**  
that I last saw him alive on **Oct 19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**

Due to **Chronic Nephritis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1310**

Of autopsy **1310**

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)

(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? (Specify type of place)

While at work? (e) Means of injury **6**

23. Signature **Lu S. Laffner** (M. D. or other) **MD**  
Address **Butler, Mo** Date signed **10/21/48**

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

**RECEIVED**  
District Health Officer No. 7/  
District File Number 9-48-1236  
Date Filed 10-25-48

**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 \_\_\_\_\_  
Ernest K. Hilke Registered or Apprentice No. 296  
working under my personal supervision. Robert S. Steinbeck 200

Signed John H. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler, Missouri

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.