

No. 2
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-17-39
X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37457

FILED DEC 1 1948

Registration District No. 240

Primary Registration District No. 5824

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid Co

(b) City or town Lilbourn 6 miles N.W.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 6 days

3. (a) PRINT FULL NAME Lon Dee 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 ()

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 hr. _____ min.

9. Birthplace Lilbourn MO.
(City, town, or county) (State or foreign country)

10. Usual occupation in farm

11. Industry or business _____

MOTHER FATHER { 12. Name Ezra Layton Jenkins

13. Birthplace Portageville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose Mary Smith

15. Birthplace Fredriektown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ezra Layton Jenkins

(b) Address Lilbourn Mo.

17. (a) Burial (b) Date thereof Nov. 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Friends

(b) Address Lilbourn 6 miles N.W.

19. (a) 11-29-48 (b) F. J. Ponder Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lilbourn Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1948 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 12 1948 to Nov 12 1948

that I last saw him alive on Nov 12 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Paul M. Raven (M. D. or other) _____

Address Warrenton Mo Date signed 12-20-48

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

RECEIVED

District Health Office No. 2,

District File Number *1148-1599*

Date Filed *11-30-48*

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Not Embalmed*.....

Licensed Embalmer No.....

P. O. Address.....

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.