

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 997
(c) City or town Troy 14
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Florence Jenkins

3. (b) If veteran, name war No 3. (c) Social Security No 512-20-0455

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 9/December 11, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>73</u>	<u>0</u>	<u>18</u>	hr. _____ min.

9. Birthplace Doniphan County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Henry Jenkins

13. Birthplace Crawford County Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Frances Rice

15. Birthplace Mason County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Jenkins

(b) Address Troy Kansas

17. (a) Removal (b) Date thereof 12-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas

18. (a) Signature of funeral director Stamper Funeral Home
(b) Address St. Joseph, Mo.

19. (a) 1-5-49 (b) L. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1948 hour 7 minute 22 a.m.

21. I hereby certify that I attended the deceased from Dec. 26, 1948 to Dec. 29, 1948
that I last saw him alive on Dec. 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Epithelioid tuberculosis
Tuber Pneumonia

Duration
3 days

Due to _____
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
arteriosclerotic nephritis &

Unknown

Major findings: Heart disease
Of operations _____

PHYSICIAN

Of autopsy Same as above

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?
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature E. M. Shores (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 12-29-48

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

MOTHER FATHER

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 *Charles M. Herman*

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.