

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

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5265 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Christian County Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>Christian County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sparta Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sparta Township</u>	
c. LENGTH OF STAY (in this place) <u>2 year</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Sparta Mo</u>			
3. NAME OF DECEASED a. (First) <u>loyd</u> b. (Middle) <u>Dwight</u> c. (Last) <u>Jenkins</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>8</u> (Year) <u>1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June, 19-1883</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Green County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Irvin W. Jenkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Malinda Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca Jenkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>Don't know</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Jenkins</u> ADDRESS <u>Sparta Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Apr-21-</u> , 1949, to <u>May-8-</u> , 1949, that I last saw the deceased alive on <u>May-8</u> , 1949, and that death occurred at <u>4-7</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Warrick H. Nelson</u> (Degree or title) <u>2 D.O.</u>		23b. ADDRESS <u>Sparta, Mo.</u>	
23c. DATE SIGNED <u>May-16-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May, 10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Christian County Mo</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Cook Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 1-49</u>		REGISTRAR'S SIGNATURE <u>Lillie Barr</u>	

RECEIVED

District Health Officer No. 6,

District File Number 649-638

Date Filed 6-3-49

MAR 22 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo

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.