

FILED JUL 5 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18661**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **726**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1/1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Savannah, Rural	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 624 Prospect Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rose Leon Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) HENRIETTA	b. (Middle)	c. (Last) JENKINS	4. DATE OF DEATH (Month) (Day) (Year) June 25, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Jan 17, 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Versailles, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ira Hall	13b. MOTHER'S MAIDEN NAME Mary Ard	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. Harry Latham, Guardian Savannah, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 5 yrs 3.31X
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 14, 1947**, to **June 25, 1949** that I last saw the deceased alive on **June 25, 1949**, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. M. Zwickler, Jr.	23b. ADDRESS 411 Kirkpatrick Bldg., City	23c. DATE SIGNED 6/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/28/49	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	24d. LOCATION (City, town, or county) (State) Savannah, Missouri
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DATE REC'D BY LOCAL REG. June 30, 1949	REGISTRAR'S SIGNATURE E. L. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

R. Lester Bras

Licensed Embalmer No. *4472*

P. O. Address. *Savannah Ga*

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.