

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19611
2748

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY (1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEE'S SUMMIT</u>	
c. LENGTH OF STAY (in this place) <u>50 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>DONLEY</u> a. (First) b. (Middle) <u>JENKINS</u> c. (Last)			4. DATE OF DEATH <u>JUNE-22-1949</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT-12-1892</u>		9. AGE (In years last birthday) <u>56 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROPRIETOR OF THE SHIP</u>	
11. BIRTHPLACE (State or foreign country) <u>BOWLING GREEN KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER JAC. OSAGE HOTEL OSCOLA, MISSOURI</u>	

13a. FATHER'S NAME <u>MEL JENKINS</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE DONLEY</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES JENKINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>MRS FRANCES JENKINS LEE'S SUMMIT MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Brain</u>		DUPLICATE			<u>1-2 yrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>			DUPLICATE
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE		DUPLICATE			<u>3 yrs</u>

19a. DATE OF OPERATION <u>6-15-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma of Brain - Rt. Hemisphere</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6-14, 1949, to 6-22, 1949 that I last saw the deceased alive on 6-22, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald F. Coburn</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>411 Alameda Road, KC MO</u>		23c. DATE SIGNED <u>6-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JUNE 25 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH GREEN BLDG KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-25-49</u>		REGISTRAR'S SIGNATURE <u>Theraldine Holmes</u>			

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
WRITE PLAINLY—USING UNFADEING 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.

Signed.....
Student Embalmer

Signed

John E. Fraking

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.