

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29308**  
Registrar's No. **473**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5012**

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>near Union Star</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>near Union Star 0020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Wrigley</b> c. (Last) <b>Jenkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-2-1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-25-1873</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Days <b>4</b> IF UNDER 24 HRS. Min. <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Andrew Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>James Wrigley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Greenhaleh</b>		14. NAME OF HUSBAND OR WIFE <b>George Jenkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs Mary E Schudtnecht Star</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular Renal Disease</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>  <b>442X</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		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 **Nov**, 1941, to **10-2**, 1950, that I last saw the deceased alive on **Oct**, 1930, and that death occurred at **4.81 mi**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. H. A. Kelly M.D.</b>		23b. ADDRESS <b>Savannah Mo</b>		23c. DATE SIGNED <b>10-3-1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-4-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SAVANNAH</b>	
24d. LOCATION (City, town, or county) (State) <b>SAVANNAH MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Breit Funeral Home Savannah</b>			

DATE REC'D BY LOCAL REG. **10/3/50** REGISTRAR'S SIGNATURE **Lillian D. Papez** (Licensed Embalmer) 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.

Signed..... *E. C. Breit* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.