

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3706

State File No.

BIRTH NO. 0040 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 16021 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Audrain.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laddonia, Mo.
c. LENGTH OF STAY (in this place) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Laddonia, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Audrain
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laddonia, Mo. 1)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) Sarah b. (Middle) c. (Last) Jenkins. 4. DATE OF DEATH (Month) (Day) (Year) Feb 20 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 19, 1861 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months 3 Days 1 IF UNDER 24 HRS: Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Sullivan, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown. 13b. MOTHER'S MAIDEN NAME Unknown. 14. NAME OF HUSBAND OR WIFE J. H. Jenkins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mr. Ned Grainger ADDRESS Laddonia, Mo.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Chronic
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
334X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Feb 16, 1951, to Feb 20, 1951, that I last saw the deceased alive on 2-20, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE W K McCall, M.D. (Degree or title) 23b. ADDRESS Laddonia Mo 23c. DATE SIGNED 2-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 23, 1951 24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery 24d. LOCATION (City, town, or county) (State) Laddonia, Mo

DATE REC'D BY LOCAL REG. 2-21-51 REGISTRAR'S SIGNATURE Martha J. Conner 25. FUNERAL DIRECTOR'S SIGNATURE Phyllis ... ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-489
Date Filed: MAR 6 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Clyde W. Wessy

Licensed Embalmer No. 3820

P. O. Address Perry, 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.