

FILED AUG 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23102

3064

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		2638	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1836 E. 47th Terrace				d. STREET ADDRESS (If rural, give location) 1836 E. 47th Terrace			
3. NAME OF DECEASED (Type or Print) Ann			a. (First)		b. (Middle) -		c. (Last) Jenkins
4. DATE OF DEATH (Month) (Day) (Year) July 18 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Mar 0	
8. DATE OF BIRTH Aug 18, 1865		9. AGE (In years) (Under 1 year last birthday) 85		10. MONTHS 11		11. DAYS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) South Wales		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Evans Jenkins		13b. MOTHER'S MAIDEN NAME Swendlyn Arthur		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Hughes			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				3 weeks	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypostatic Pneumonia				33 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 3, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 5 a.m., from the causes and on the date stated above.							
23a. SIGNATURE W. D. Hooper, M.D. (Degree or title)				23b. ADDRESS 6232 J Street, N.C.M.O.		23c. DATE SIGNED July 18, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Barren Cemetery		24d. LOCATION (City, town, or county) (State) Barren, Mo. MO.	
DATE REC'D BY LOCAL REG. 7-19-51		REGISTRAR'S SIGNATURE (Geraldine) Holmes		FUNERAL DIRECTOR'S SIGNATURE Dixon & Kelly		ADDRESS Indpls. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

271

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 *Dieter L. Kopy*

Licensed Embalmer No. *4225*

P. O. Address *Indep 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.