

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

2740

 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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1920 E. 15th</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>K.C. Tuberculosis Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Le Roy</u> b. (Middle) <u>Jenkins</u> c. (Last) <u>Jenkins</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1-27-1910</u>	
9. AGE (In years) (last birthday) <u>42</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Shop</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksdale Miss</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jack Jenkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Nichols</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Johnson</u>		ADDRESS <u>K.C. Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>002 1/2</u>	
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) (Min.) _____	
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 <u>6-30-1948</u> , to <u>6-13-1952</u> , that I last saw the deceased alive on <u>6-13-1952</u> , and that death occurred at <u>9:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>K.C.J.B. Hospital</u>	
23c. DATE SIGNED <u>6-13-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLUE RIDGE LAWN</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>		DATE REC'D BY LOCAL REG. <u>6-16-52</u>	
REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u>	
ADDRESS _____		ADDRESS <u>K.C., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JUL 5 1952

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. _____

P. O. Address _____

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.