S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31983

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buckner
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

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

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Morris
c. (Last): Jenkins

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5 1952

5. SEX: M
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 30, 1912
9. AGE (In years last birthday): 40 Months: 7 Days: 5 Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paint Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Lake City Arsenal
11. BIRTHPLACE (State or foreign country): Silverton Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles A. Jenkins
13b. MOTHER'S MAIDEN NAME: Flora Dickerson
14. NAME OF ~~HUSBAND~~ OR WIFE: Mary Alice Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 499-18-6682
17. INFORMANT'S SIGNATURE OR NAME: Mary Alice Jenkins
ADDRESS: Buckner

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho-Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastasis to lungs
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: 2001
20. AUTOPSY? ☐ 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) m.
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* May, 1948, *to* Sept 5, 1952, *that I last saw the deceased alive on* Sept 5, 1952, *and that death occurred at* 12:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Heisler DO
23b. ADDRESS: Buckner, Mo
23c. DATE SIGNED: Sept. 6 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 7 1952
24c. NAME OF CEMETERY OR CREMATORY: Cross Timbers Cemetery
24d. LOCATION (City, town, or county) (State): Cross Timbers, Missouri

DATE REC'D BY LOCAL REG.: 9-7-52
REGISTRAR'S SIGNATURE: 354-0
25. FUNERAL DIRECTOR'S SIGNATURE: Verna M. Reppert
ADDRESS: Buckner

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 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~~ ..... ~~Student Embalmer No.~~ ..... ~~working under my personal supervision.~~

~~Student~~ ..... ~~Student Embalmer~~

Signed V. M. Reppert

Licensed Embalmer No. 34 ' '

P. O. Address Buckner, 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.