

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32431

State File No. \_\_\_\_\_

FILED OCT 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ELDON</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ELDON</u>		d. STREET ADDRESS (If rural, give location) <u>#1-So-Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1-So-Grand</u>				d. STREET ADDRESS (If rural, give location) <u>#1-So-Grand</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRISON</u>		b. (Middle) <u>ALEXANDER</u>		c. (Last) <u>JENKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>15 Sept 1898</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bridge Construction</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL-ROAD</u>		11. BIRTHPLACE (State or foreign country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HARM JENKINS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>Josie JENKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes W-W-I</u>		16. SOCIAL SECURITY NO. <u>708-14-7167</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josie JENKINS</u>		ADDRESS <u>ELDON 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Brights</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>M.O. Kansas-City-Mo</u>		23c. DATE SIGNED <u>15 Sept 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>16 Sept 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dooley-</u>		24d. LOCATION (City, town, or county) (State) <u>Miller-Co-Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 21, 1953</u>		REGISTRAR'S SIGNATURE <u>Alvaretha Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

06/6/1

MILLER CO

OCT 30 1958

OCT 30 1958

OCT 5 1958

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 *Keith McKays* \_\_\_\_\_

Licensed Embalmer No. *3998* \_\_\_\_\_

P. O. Address *Eldon 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.