No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 9054

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 31

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lee's Summit
c. LENGTH OF STAY (In this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eckart Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3019 Parkwood

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHRISTOPHER
b. (Middle): CHARLES
c. (Last): JENKINS

**4. DATE OF DEATH** (Month) (Day) (Year): 2-25-54

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 6-4-1879
**9. AGE** (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Locomotive engineer (retired)
**10b. KIND OF BUSINESS OR INDUSTRY**: Burlington R.R.
**11. BIRTHPLACE** (City and State or Foreign Country): Chillicothe, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: Andrew J. Jenkins
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Wife, Mrs. Lillie Jenkins

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 707-05-8434
**17. INFORMANT'S SIGNATURE OR NAME**: Wife, Mrs. Lillie Jenkins — ADDRESS

**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): Cerebral Vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized arteriosclerosis — years.
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**: none.
**19b. MAJOR FINDINGS OF OPERATION**: 331 X
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): none
**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* Feb 22, 1954, *to* Feb 25, 1954, *that I last saw the deceased alive on* Feb 25, 1954, *and that death occurred at* 11 00 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Wm J. Bell (Degree or title): MD
**23b. ADDRESS**: Lee's Summit Mo
**23c. DATE SIGNED**: 2-26-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 3-1-54
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 3-1-54
REGISTRAR'S SIGNATURE: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Ralph A. Fulton, Kansas City, Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph R. Fu[illegible]

Licensed Embalmer No. 35

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.