

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41546

**FILED** JAN 14 1957

STATE FILE NUMBER **5694**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5694

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2807 EAST 35th St.</b>		Length of stay in lb <b>45 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>2807 EAST 35th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MONTE</b> Middle <b>RAY</b> Last <b>JENKINS</b>			4. DATE OF DEATH <b>DECEMBER 29 1956</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 19, 1881</b>	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>YARD MASTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C.S. RAILROAD</b>		11. BIRTHPLACE (City and state or country) <b>MEXICO, MISSOURI</b>	
13. FATHER'S NAME <b>William JENKINS</b>			14. MOTHER'S MAIDEN NAME <b>MARY ANN LONG</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS. MAMIE JENKINS</b> Address <b>2807 E. 35th St. K.C. Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchio Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Paralysis agitans (Parkinsonism)</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>4 years</b> <b>1350X</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>9-15-54</b> to <b>12-29-56</b> and last saw her/him alive on <b>12-28-56</b> Death occurred at <b>7:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>David J. Elias MD</b> (Degree or title)			22b. ADDRESS <b>9109 E New 40th</b>		22c. DATE SIGNED <b>12-29-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Dec 31, 56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH</b>		23d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS, KANSAS City, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-31-56</b>		26. REGISTRAR'S SIGNATURE <b>Neal Minshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
David J. Elias

with, office, public, vice  
00  
56  
Doctor, coroner, etc. must use only standard nomenclature in reporting diseases in Part I. Must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....  
Signature of Student Embalmer

Signed *Paul R. Williamson*

Licensed Embalmer No. *50*

P. O. Address *Cleveland  
Kans*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.