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FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005622
STATE FILE NUMBER 771

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b 23 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 312 E. 9 St. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Roy; Middle E.; Last Jenkins

4. DATE OF DEATH Month 2 Day 11 Year 1958

5. SEX Male

6. COLOR OR RACE white

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 10-27-1900

9. AGE (In years last birthday) 57 — 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) Taxicab Driver

10b. KIND OF BUSINESS OR INDUSTRY Terminal Cab Co

11. BIRTHPLACE (City and state or country) Mexico Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Amos Jenkins

13b. MOTHER'S MAIDEN NAME Nettie Hall

14. NAME OF HUSBAND OR WIFE Margaret Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 499-07-4486

17. INFORMANT Margaret Jenkins Address 312 E 9th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intracerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 443 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES XX NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb. 10, 1958, to Feb. 11, 1958 and last saw him alive on Feb. 11, 1958. Death occurred at 11:45 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns (Degree or title) M. D.

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 2-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-17-58

23c. NAME OF CEMETERY OR CREMATORY National Military Cem.

23d. LOCATION (City, town, or county) Fort Leavenworth (State) Kans.

24. FUNERAL DIRECTOR B. E. Weilert

ADDRESS K.C. 8 Mo

25. DATE RECD. BY LOCAL REG. 2-13-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

B. I. Burns

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 ..... Signed B. E. Weilert

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address L. C. S. M.

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

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