

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041369

FILED VS. DEC 7 1960

Primary Registration District No. 3013 Registrar's No. 168

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>	Length of stay in 1b <u>1 year</u>	c. CITY OR TOWN <u>Riverside</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, clinic, hospital, or institution) <u>N.K.C. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>345 Woodland Ave.</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ALICE</u> Middle <u>Lillian</u> Last <u>JENKINSON</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>fe</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 21, 1898</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>72</u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Clinton, Mo</u>		
13a. FATHER'S NAME <u>John Lemon</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Abram Jenkinson</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-36-8730</u>	17. INFORMANT <u>John H. Jenkinson</u> Address <u>345 Woodland Ave</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wks</u> <u>3 wks</u> <u>3 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Contd</u>	
	DUE TO (c) <u>Intercerebral Neoplasm</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Quemias, severe, bleeding gastric ulcer</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		

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 <u>Sept 10-60</u> to <u>Nov 6-60</u> and last saw her <u>him</u> alive on <u>Ator 6, 1960</u> Death occurred at <u>10:37 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>2075 Swift - NKL, MO</u>	22c. DATE SIGNED <u>11-9-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>11-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>
24. FUNERAL DIRECTOR <u>A.W. Newcomer</u> ADDRESS <u>K.6, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-8-60</u>	26. REGISTRAR'S SIGNATURE <u>Marquerite Higgins</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 7 1988

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Henick

Licensed Embalmer No. 489

P. O. Address A-6-17

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