

REC'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29004
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3018 Registered No. _____
 (c) City Clinton (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Wm Ellis Jenkins 525
 (a) Residence, No. 505 E Ohio St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) married
 5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Jenkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1914
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 10 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Courtesy House
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bearfield Mo
 FATHER 13. NAME W H Jenkins 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Mo 0
 MOTHER 15. MAIDEN NAME Hattie Leiber 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Mo
 17. INFORMANT (ADDRESS) Herminth Plump Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 8/17 38
 19. FUNERAL DIRECTOR (ADDRESS) Consolidated & Reels Clinton Mo
 20. FILED 8-20 1938 J R Hampton Local Registrar. 312

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1938, to Aug 16 1938
 I last saw him alive on Aug 16 1938. Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:
acute gangrenous appendicitis
gas gangrene infection
 Date of onset _____
 Other contributory causes of importance: 121
 Name of operation Appendectomy & Drain Date of Aug 13 38
 What test confirmed diagnosis? ap Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Arthur V. Dawson M. D.
 (Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 7,
District File Number 7-28-80
Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I, J. E. Consolus, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. E. Consolus
Licensed Embalmer No. 1891

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.)