

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 537 S. Carter
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LUTHER JENKINS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 22
year 1939 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from 5-16-39
1939, to 9-22- 1939

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Reuel Jenkins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 14 1884
(Month) (Day) (Year)

that I last saw him alive on 5-21-39
and that death occurred on the date and hour stated above.
Immediate cause of death Valvular heart disease

8. AGE: Years 55 Months 8 Days 8 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Warsaw (City, town, or county) Mo (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

12. Name Charles Jenkins
13. Birthplace unknown Virginia (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Josephine Edwards
15. Birthplace Benton Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold Jenkins
(b) Address 202 North 7th Clinton

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 9-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Employment

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of informant Harold Jenkins
(b) Address Clinton Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) 10-2-39 (b) Dr. R. H. Hampton
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph B. Smith (M. D. Secretary)
Address Clinton, Mo Date signed 9-23-39

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1372

Date Filed 10-7-39

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2478

P. O. Address Clinton Mo.

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 this body is not embalmed, above space should be left blank.