

FILED DEC 8 1944

Registration District No. 57

Primary Registration District No. 3023

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town 570 So McLean
(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 _____ years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

State Mo (b) County Henry
(c) City or town Clinton
(d) Street No. 570 So McLean
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHAS E JENKINS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hella 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 1-13-1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9th
year 1944 hour 12 minute 7:00 M.

21. I hereby certify that I attended the deceased from 7-5-44 to 11-9-44, 1944 to 11-9-44, 1944 that I last saw him alive on 11-9-44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Duration Strokes

8. AGE: Years 71 Months 9 Days 26 If less than one day _____ hr _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Brooker Jenkins
13. Birthplace Ky
14. Maiden name Rebecca Watkins
15. Birthplace Ky

16. (a) Informant Hella Jenkins
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Weikert
(b) Address Clinton Mo

19. (a) November 10, 1944 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature C. D. Peel (M. D. or other) _____
Address Clinton Mo Date signed 11/10/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

ISSUED

Case No. 7,

11-44-1263

Date issued 12-7-44

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.....

Fred Williams

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, fact should be so stated above.