

FILED MAR 26 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 9104

BIRTH NO.		REG. DIST. NO. 183		PRIMARY REG. DIST. NO. 5680		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Enterprise Twp, rural		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Enterprise Twp-rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. E. of Purdin				d. STREET ADDRESS (If rural, give location) Purdin R.F.D.			
3. NAME OF DECEASED (Type or Print) a. (First) William Edward Jenkins		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 13, 1949	
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Sept 26, 1866	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Browning, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Douglas Jenkins		13b. MOTHER'S MAIDEN NAME Sallie Cassity		14. NAME OF HUSBAND OR WIFE Lucy Melinda Hedges	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Anna Woodside, Purdin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture (rt) neck of femur			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 20 058			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 2, 1949, to March 13, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 8:50 AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. D... M.D.				23b. ADDRESS Brookfield Mo		23c. DATE SIGNED 3-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-49		24c. NAME OF CEMETERY OR CREMATORY Jenkins Cemetery		24d. LOCATION (City, town, or county) (State) Browning, Mo.	
DATE REC'D BY LOCAL REG. Mar. 18, 1949		REGISTRAR'S SIGNATURE Elva Crookshanks		25. FUNERAL DIRECTOR'S SIGNATURE Harold B. Wright		ADDRESS Brookfield, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 18 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed _____

Harold B. Wright

Signed _____
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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