

FILED APR 10 1942

Registration District No. 347

Primary Registration District No. 3018

74

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton Mo  
(c) Name of hospital or institution:  
320 N Water  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 10 yrs  
years, months or days)

3. (a) PRINT FULL NAME John Walter Jenkins

3. (b) If veteran, name war. No. 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 Anna Jenkins 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept 22 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 29 If less than one day hr. min.

9. Birthplace N Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Coleman Jenkins  
13. Birthplace N Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Marta C. Smith  
15. Birthplace N Carolina  
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 3 23 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem

18. (a) Signature of funeral director Frank Williamson  
(b) Address Clinton Mo

19. (a) March 23 1942 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton 1042  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 N Water 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country n

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12-4, 1939, to 3-21, 1942  
that I last saw him alive on 3/21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure  
Shock from Bladder  
Papilloma of Bladder  
Due to Shock from Bladder  
Due to Papilloma of Bladder  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 526  
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  
(c) 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 A. C. Tucker (M. D. or other)  
Address Clinton Mo Date signed 3/25/42

Duration  
Underline the cause to which death should be charged statistically.

1064

RECEIVED

District Health Officer No. 71

District File Number 4-42-315

Date Filed 4-7-42

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**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 W. Peterson*

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.**