

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

36779

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 221

FILED DEC 4 1946
Registration District No. 137

Primary Registration District No. 3023

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: Wetzel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY HARRISON JENKINS

3. (b) If veteran, name war

3. (c) Social Security No. 493-13-1352

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1946 hour 1:45 minute 1 M.

21. I hereby certify that I attended the deceased from Nov 25 1946 to Nov 26 1946 that I last saw him alive on Nov 26 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive _____ years

(b) Name of husband or wife Laura Belle Jenkins

7. Birth date of deceased July 18 1883
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic degeneration of the heart

Due to _____

Due to Chronic nephritis

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

8. AGE: Years 63 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Wastack Iowa
(City, town or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Thomas Henry Jenkins

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Luiza Pierson

15. Birthplace Seward City Neb. Iowa 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Julia Belle Jenkins

(b) Address 101 W. 36th Kansas City Mo

17. (a) Burial (b) Date thereof Nov 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wastack Iowa

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? _____

18. (a) Signature of funeral director Ramseyburgis

(b) Address Harrisonville Mo

19. (a) 11-26-46 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature Wetzel (M. D. or other) Dr

Address Clinton Mo Date signed Nov 26 46

Wetzel 120 (Licensed Embalmer's Statement on Reverse Side)

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

35599

AUG 20 1947

JAN 9 1947

APR 9 1947

11-16-3024
12-2-46
-181122
2-1-1947

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 Ernest Runnburger

Licensed Embalmer No. 33608

P. O. Address Harrisonville 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.