S. No. 2
M—5-42
. 5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5918

FILED FEB 20 1945

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213 East Atchison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3. Mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town California. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charley S. Jenkins
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 7 1857
(Month) (Day) (Year)
8. AGE: Years 87 Months 2 Days 2 If less than one day hr. min.
9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Reuben Jenkins
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary E. Talley
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Jimmy Jenkins
(b) Address 213 E Atchison St
17. (a) Burial (b) Date thereof Feb. 13. 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sappington Cem
18. (a) Signature of funeral director Bowlin F. Home
(b) Address California, Mo
19. (a) 2-9-45 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1945 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from Feb. 4 1945, to Feb 9 1945
that I last saw him alive on February 9 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1 Hypertensive Cardio Vascular Disease	1945
Due to 2 Hypertrophy Heart	2 yrs
3 Congestive Failure	2 mths
Due to	

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. Dexaine Hughes (M. D. or other)
Address Jefferson City Date signed 2-9-45

894

(Licensed Embalmer's Statement on Reverse Side)

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 ......MR..........

...., Registered Apprentice No.........................,

working under my personal supervision.

Signed ......Earl R. Boulin......

Licensed Embalmer No......2126......

P. O. Address......California......

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.