

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11281
 Do not use this space.

DEC'D APR 20 1938

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 5625 Registered No. 18
 (c) City Aurora (d) Street No. R.F.D. # 2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E Jennings 552
 (a) Residence, No. R.F.D. # 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 12-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	84	7	3	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansaw

FATHER 13. NAME Claton Durham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Margaret Briscoe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Chas Newcum Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Mar, 16 1938

19. FUNERAL DIRECTOR (ADDRESS) King Funeral Home Aurora Mo.

20. FILED 3-15 1938 R. L. Cowan m.k. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar, 6 1938 to Mar 14 1938
 I last saw her alive on Mar 14 1938 Death is said to have occurred on the date stated above, at 1.10A.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
 Date of onset Mar 6 1938

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify _____ (Signed) J. Will Smith, M. D.
 (Address) 121 W. Pleasant St. Aurora Mo.

WHILE FILLING IN WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3072 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

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.)