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.

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

REC'D MAR 20 1939

7059
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis — Registration District No. 480
(b) Township Union — Primary Registration District No. 5645 — Registered No. 2
(c) City ..... (d) Street No. ..... 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 Charolette Elizabeth Jennings
(a) Residence, No. Lewis County 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 (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24th. 1935
7. AGE: YEARS 4 — MONTHS - — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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): Lewis County Missouri 0 0

FATHER
13. NAME: William Jennings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Grange, Mo. 1

MOTHER
15. MAIDEN NAME: Wilma Hidy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

17. INFORMANT (ADDRESS): William Jennings, La Grange, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Canton — DATE: Feb. 28th. 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): A. A. Roberts, La Grange, Mo.
20. FILED 2/27 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25th, 1939, to Feb 26, 1939
I last saw her alive on Feb 25th, 19..... Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

Severe Burns over both Arms, Chest & Back & anterior surfaces of both thighs. — Date of onset Feb 25.39

Other contributory causes of importance: — 181 15

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 25, 1939
Where did injury occur? At her Home La Grange Mo Lewis Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Her Home
Manner of injury Playing with matches
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) N. O. Owens, M. D.
433 (Address) La Grange Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-312
Date Filed MAR 14 1939

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, ...

February 26th, 1939, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed A. A. Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

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

If this body is not embalmed, above space should be left blank.