

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

**33409**  
 Do not use this space.

REC OCT 1 1939

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 475  
 (b) Township Pease Primary Registration District No. 6020 Registered No. 71  
 (c) City Bonne Terre, Mo. Route 2 (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 Mrs. Belva Inez Jennings  
 (a) Residence, No. Bonne Terre, Mo. Route 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alvin Alex Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>5</u>	<u>13</u>	

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) St. Francois, Mo.

FATHER  
 13. NAME Mr. Wm L Stegall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck, Mo.

MOTHER  
 15. MAIDEN NAME Mrs. Clara Kerlagon Stegall  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village, Mo.

17. INFORMANT (ADDRESS) Mrs. G. Jennings, Husband  
Bonne Terre, Mo. Route No 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE Sept. 25 - 1939

19. FUNERAL DIRECTOR (ADDRESS) Alvin W. Hood  
Flat River, Mo.

20. FILED Sept. 25, 1939 M. W. Jennings  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1939, to Sept. 20, 1939. I last saw her alive on Sept. 20, 1939. Death is said to have occurred on the date stated above, at 8 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
(Only saw her once)

Other contributory causes of importance: 93

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical exam 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? no  
 If so, specify \_\_\_\_\_ (Signed) H. Koehler, M. D.  
 (Address) Bonne Terre, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Alvin W. Hood, Licensed Embalmer No. 2780.

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Alvin W. Hood

Licensed Embalmer No. 2780

**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.)**