

Registration District No. 1105

Primary Registration District No. 6130

State File No. _____

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Fansyth Mo - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN ROY JENNINGS, 592

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Manner a. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 18 1891
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Taney Co. (City, town, or county) (State or foreign country)

10. Usual occupation Taxi Driver

11. Industry or business _____

12. Name Martin Jennings

13. Birthplace Fansyth Mo. (City, town, or county) (State or foreign country)

14. Maiden name Luanda Williamson

15. Birthplace Taney Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Burial (b) Date thereof 12 17 30
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robley Road Fansyth

18. (a) Signature of funeral director Whitcomb E. Jones

(b) Thompson (c) John H. Weaver
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Fansyth - Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles S of Fansyth
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1930 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15; 1930, to Dec. 15, 1930
that I last saw him alive on Dec. 15
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular In-sufficiency Duration _____
Cardiac Hypertrophy
Due to Cause Unknown
Due to _____

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

Major findings: _____
Of operations Name
Of autopsy Name

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? _____

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature: Ray B. Mitchell M.D. (M. D. or other)

Address Bradford Mo Date signed 2-5-40

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4065
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 859
(b) Township Oliver Primary Registration District No. 6130 Registered No. _____
(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 John Roy Jennings
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1930

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 11 5

The principal cause of death and related causes of importance were as follows:

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

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Charles Walker no

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

PLACE _____ DATE _____ 19

Nature of injury

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

20. FILED 2-7 19 40 John H. Baxter Local Registrar.

If so, specify Guy B. Mitchell, M. D.

(Signed) B. Hanson no
(Address)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

