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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1940

Registration District No. 974

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10838

Primary Registration District No. 5387

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Missouri, Rural

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Ava (b) County Douglas

(c) City or town Ava, Mo. Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jim W. Jennings

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 Martha Jennings

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 22 (Day) 1887 (Year)

8. AGE: Years 52 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Rome (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER 12. Name Jess W. Jennings

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

MOTHER 14. Maiden name Josephine Reynolds

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

16. (a) Informant G. R. Davis

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 5 (Day) 40 (Year)

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director

(b) Address

19. (a) 3. 20 1940 (Date received local registrar) Dora Mendel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble had no doctor no inquest he worked all day and went to bed the wife heard him struggle

Due to went to him and he

Due to was dead

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations None

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

23. Signature Dora Mendel (M. D. or other) Registrar

Address Rome Mo. Date signed 3. 20. 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number HHO-1087
Date Filed APR 1 1 1940

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.