

No. 2  
1-30  
17-39  
X21492

Registration District No. **653**

Primary Registration District No. **4390**

Registrar's No. **107**

**1. PLACE OF DEATH:**  
 (a) County Pemiscot  
 (b) City or town Faylet  
(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 \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days 2

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State mo (b) County Pemiscot  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** HOWARD JEANS JENING  
 8. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 12 day 8  
 year 40 hour 8 minute 0 3 M.

4. Sex male 5. Color or race negr 6. (a) Single, widowed, married, divorced infant  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: (Month) 12 (Day) 7 (Year) 40

**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.

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
~~Birth asphyxia~~  
See from Birth  
 Due to \_\_\_\_\_  
NMB  
 Due to \_\_\_\_\_  
158  
 Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

9. Birthplace Faylet mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation infant 9

**11. Industry or business**  
 { **12. Name.** Chester Jenings 1  
 { **13. Birthplace.** Miss miss  
(City, town, or county) (State or foreign country)  
 { **14. Maiden name.** C. J. Pool miss  
 { **15. Birthplace.** miss miss  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** Callie Buchanan  
 (b) Address Faylet mo  
**17. (a) Burial** (b) Date thereof 12 9 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pemiscot Co. Farm

**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? \_\_\_\_\_

**18. (a) Signature of funeral director.** Dienda  
 (b) Address \_\_\_\_\_  
**19. (a) 12/9/40** (b) Pearl Kelley  
(Date received local registrar) (Registrar's signature)

**23. Signature** Pearl Kelley Registrar  
(Specify type of place) (e) Means of injury  
 Address Faylet, mo. Date signed \_\_\_\_\_

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

1-41-17

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**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.**