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**FILED** APR 15 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1236

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Lake Side 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 1 week  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Dora Jennings

3. (b) If veteran, name war No

(c) Social Security No. No

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arnold S. Jennings

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 24 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William H. Pevestorf

13. Birthplace Germany 10  
(City, town, or county) (State or foreign country)

14. Maiden name Eyabeta S. Langhauser

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Tiller

(b) Address Higginsville Mo

17. (a) removed (b) Date thereof 3/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director Alvin Stoeber

(b) Address Higginsville Mo

19. (a) 3/27/41 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State \_\_\_\_\_ (b) County Beverly

(c) City or town Albino Falls, Idaho  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 59 - \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1941 hour 9:20 minute \_\_\_\_\_ a.M.

21. I hereby certify that I attended the deceased from Mar 18 1941 to Mar 27 1941  
that I last saw her alive on Mar 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Demylegia Duration \_\_\_\_\_

Due to Arterial Hypertension  
chronic Nephritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ?

23. Signature Dr. Gm Adkins (M.D. or other) D.O.  
Address 423 Lee Bldg Date signed Mar 27-41

**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, fact should be so stated above.**