FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13783

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Centralia Rural 0
(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.? 1 years.

3. (a) PRINT FULL NAME George Quincy Jennings
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ora Frances Jennings 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 6 (Day) 1871 (Year)
8. AGE: Years 70 67 Months 3 Days 15 If less than one day hr. min.
9. Birthplace Randolph Co (City, town, or county) 0 Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
FATHER
12. Name James F. Jennings
13. Birthplace Randolph Co (City, town, or county) 0 Mo (State or foreign country)
MOTHER
14. Maiden name Jerusalem Weatherford
15. Birthplace Randolph Co (City, town, or county) 0 Mo (State or foreign country)
16. (a) Informant Iva Jennings
(b) Address Centralia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union Church Cem
18. (a) Signature of funeral director M J McDonald
(b) Address Centralia Mo
19. (a) 4/21-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st. year 1941 hour 1 minute 05 A. M.
21. I hereby certify that I attended the deceased from April 13, 1941, to April 20, 1941; that I last saw him alive on April 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pericarditis c Effusion	?
Due to Chronic Myocarditis & Endocarditis bfr	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 A	

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? 23 (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Ed Bestmann (M. D. or other) D.O.
Address Centralia, Mo. Date signed 4/21/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-992
Date Filed MAY 20 1941

STATEMENT BY LICENSED EMBALMER Not

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 N. D. McDonald

Licensed Embalmer No. 2589

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.

S. No. 2B
00 4-25-41
X27852

ROWENA MOO

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13783

Registration District No. 26 Primary Registration District No. 3002 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(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. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Geo Quincy Jennings

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 6 (Day) 1871 (Year)

8. AGE: Years 70 - ~~67~~ Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 4/24/41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 21
year 1941 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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(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 Ed Beatman (M. D. or other)
Address Centralia Mo Date signed