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FILED JUN 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19204

State File No.

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dudley
(c) Name of hospital or institution 1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dudley
(d) Street No. _____
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Samuel Jennings

3. (b) If veteran, name war World 3. (c) Social Security No. None

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

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

7. Birth date of deceased AUG. 24 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 13
If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Monroe Jennings

13. Birthplace Hardin Co., Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Joiner

15. Birthplace Hardin Co., Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Nash
(b) Address Dudley, Mo.

17. (a) Burial (b) Date thereof 6/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Dudley, Mo.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 6/13 1941 (b) Jennice Benton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 1 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 7 1941
to June 7 1941
that I last saw him alive on June 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death My peritonsary - Myocarditis -
Cardiac dilatation

Due to Cardiovascular

Other conditions 127
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

755 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. W. Schaefer (M. D. or other) 0
Address Dudley, Mo. Date signed 6/12/41

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

MOTHER FATHER

JUN 24 1941

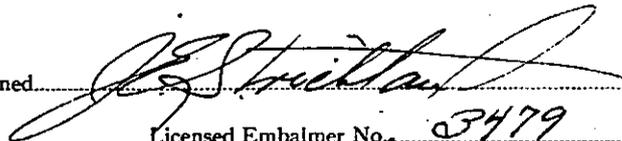
STATEMENT BY LICENSED EMBALMER

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.

3479

P. O. Address

Septer, Mo.

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.