

FILED AUG 11 1941

Registration District No. 886

Primary Registration District No. 60984

Registrar's No. 40

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Deerfield Mo R3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution; Liberty Truss
(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 _____

3. (a) PRINT FULL NAME Ruth Ann Jennings
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 21 - 1940
(Month) (Day) (Year)

8. AGE: Years 9 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Deerfield Mo R3
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name Edgar Jennings
13. Birthplace Deerfield Mo R3
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jordan
15. Birthplace Deerfield Mo R3
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Jennings
(b) Address Deerfield Mo
17. (a) Burial (b) Date thereof July 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deerfield

18. (a) Signature of funeral director Walter Stenfeld
(b) Address Deerfield Mo
19. (a) July 28 - 41 (b) Laura Hopkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Deerfield Mo R3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 5
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26 year 1941 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 22 - 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death illness
Duration 14
Due to 119a
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ✓
Of operations _____
Of autopsy ✓
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 Augusta C. ...
Address Deerfield Mo Date signed July 26 41

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

*Dr. Gross Bemis
Carlston.*

RECEIVED

District Health Office No. 2,

District File Number 841-1030

Date Filed 8-9-41

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

B. J. Brentlinger

Licensed Embalmer No. 42101

P. O. Address Dexter, 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, above space should be left blank.