

**FILED SEP 12 1941**

Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville, Mo.  
(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 65 years !

3. (a) PRINT FULL NAME Frank J. Jennings

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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. March 26th 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

12. Name James T. Jennings

13. Birthplace Lafayette Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margarete McElroy

15. Birthplace Lafayette Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. R. Jennings

(b) Address Hanestown, Mo.

17. (c) Higginsville (b) Date thereof 8/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Hanestown, Mo.

19. (a) 7-5-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette  
(c) City or town Higginsville  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2  
year 1941 hour 8:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 16 1941 to Aug 2 1941  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Arterio sclerosis

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) Means of injury \_\_\_\_\_

23. Signature W.A. Braschein (M. D. or other) \_\_\_\_\_  
Address Higginsville, Mo. Date signed \_\_\_\_\_

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

4  
69  
1

*Handwritten notes and signatures in the top left corner, including a signature that appears to be "Forest Riekhof".*

RECEIVED  
District Health Officer No. 8  
District File Number 9-10-41  
Date Filed

**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.....

..... Forest Riekhof ....., Registered Apprentice No. 5687-  
working under my personal supervision.

Signed *Forest Riekhof*

Licensed Embalmer No. 3637

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.**