

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31792
Registrar's No. _____

Registration District No. 411

Primary Registration District No. 2002

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution 409 Brownell
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days _____

3. (a) PRINT FULL NAME Walter E. 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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1877
(Month) (Day) (Year)

8. AGE: Years 64 | Months 3 | Days 22 | If less than one day _____ hr. _____ min.

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

10. Usual occupation Smelter worker

11. Industry or business Lead & Zinc

12. Name unknown

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Jennings
(b) Address 409 Brownell

17. (a) _____ (b) Date thereof 9-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director _____
(b) Address 305 W 4th St
19. (a) 9-18-41 (b) W. E. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jasper
(d) Street No. 409 Brownell
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 16
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive and that death occurred on the date and hour stated above.

Immediate cause of death Heart Paralysis
Due to Lead Poisoning Duration 7yrs

Other conditions _____
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. H. Heister (M. D. or other) _____
Address Carthage Mo Date signed Sept 18 1941

312 (Licensed Embalmer's Statement on Reverse Side)

41-10-860

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.....

David Dillon

Licensed Embalmer No.....

3898

P. O. Address.....

Joplin, 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.