

FILED FEB 19 1942 9

Registration District No. **8**

Primary Registration District No. **3007**

Registrar's No. **40**

12
7
3

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

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Brandon Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether
In this community **life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 3**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ralph Kay 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 **October 1, 1930**
(Month) (Day) (Year)

8. AGE: Years **11** Months **4** Days **6** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **school boy**

11. Industry or business _____

12. Name **Corwin B. Jennings**

13. Birthplace **Poplar Bluff, Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Iona King**

15. Birthplace **Williams County, Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **C. B. Jennings**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **2-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **reer Croy**

(b) Address **Poplar Bluff, Mo.**

19. (a) **2-7-42** (b) **Belli Turner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7** year **1942** hour **5:00** minute **a** M.

21. I hereby certify that I attended the deceased from **January 17, 1942** to **February 7, 1942**; that I last saw him alive on **February 7, 1942**; and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **Peritonitis**

Due to **Appendicitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **108** 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 **0**

23. Signature **W. L. Brandon** (M. D. or other) **M. D.**
Address **Poplar Bluff, Missouri** Date signed **2-7-42**

RECEIVED

District Health Office No. 20 1942

District File Number 242-206

Date Filed 2-11-42

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

Wallace N. Fitch

Licensed Embalmer No.

3859

P. O. Address

Boyle Bluff, 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.