

FILED APR 20 1942
Registration District No. **25**

Primary Registration District No. **3069**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **Cape Girardeau, Mo**
(b) City or town **Cape Girardeau, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Southeast Mo Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Bellevue**
(c) City or town **Murphyboro 999**
(If outside city or town limits, write "RURAL")
(d) Street No. **2079 E. Main St 11**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **John Wesley Jennings**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**
year **1942** hour **4** minute **30** p.m.

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs Katherine Jennings** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Sept 4 - 1886**
(Month) (Day) (Year)

Immediate cause of death **Traumatic Shock** Duration _____

8. AGE: Years **55** Months **6** Days **23**
If less than one day _____ hr. _____ min.

Due to **Fractured left femur**

Due to **Shock**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Murphyboro Ill** (City, town, or county) (State or foreign country)

10. Usual occupation **Owner + manager**

11. Industry or business **Laundry Owner**

Major findings: **1700-8**

12. Name **No record**

Of operations _____

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

Of autopsy _____

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

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

Underline the cause to which death should be charged statistically.

16. (a) Informant **F. W. Jennings**

22. If death was due to external causes, fill in the following:

(b) Address **Murphyboro Ill**

(a) Accident, suicide, or homicide (specify) **Auto Accident**

17. (a) **Burial** (b) Date thereof **MAR 29 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence **Mar 27 - 1942**

(c) Place: burial or cremation **Pleasant Grove removal**

(c) Where did injury occur **Highway 303 Ill** (City or town) (County) (State)

18. (a) Signature of funeral director **R. A. Lawshaw**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**

(b) Address **Murphyboro Ill**

While at work? (Specify type of place)

19. (a) **4-1-42** (b) **F. W. Phelps**
(Date received local registrar) (Registrar's signature)

(e) Means of injury **Coroner**

23. Signature **Dr. J. F. Sigmond** (M.D. or other)

Address **Jackson Mo** Date signed **3-27-42**

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

P

1014

RECEIVED

District Health Officer No. 4

District File Number 442-57

Date Filed 4-15-42

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

No Embalming

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. Howell

Licensed Embalmer No. 3390

P. O. Address Cape Verde

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.