

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19204

State File No. _____

Registration District No. 840

Primary Registration District No. 6103

Registrar's No. 16

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

300

1. PLACE OF DEATH New Lisbon
 (a) County Stoddard
 (b) City or town Puxico
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Rural
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Rural 103
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? MO (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 18
 year 1942 hour 11 minute 0 M.
 21. I hereby certify that I attended the deceased from May 17
1942 to May 18 1942
 that I last saw him alive on May 18 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Duration 4-5 hrs

4. Sex M 5. Color or race W 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 August 10 1940
 (Month) (Day) (Year)

8. AGE: Years 1 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

MOTHER FATHER
 11. Industry or business _____
 12. Name George Jennings
 13. Birthplace Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name Paula Peyton
 15. Birthplace Puxico MO
 (City, town, or county) (State or foreign country)

16. (a) Informant George Jennings
 (b) Address Puxico

17. (a) burial (b) Date thereof 5-18-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Burial

18. (a) Signature of funeral director Watkins Service
 (b) Address Puxico MO

19. (a) 5-19-1942 (b) J. Steinhilber
 (Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy no
 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) no
 (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 no
 23. Signature E. H. Elmer (M. D. or other)
 Address Puxico MO Date signed 5-19-1942

RECEIVED 7:00 PM
District Health Office No. 2,
District File Number 642-715
Date Filed JUN 16 1942

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.