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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27252

State File No.

Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Howard 45

(b) City or town Rural Richmond Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 4 Fayette, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 0

(c) City or town R.F.D. # 3 Fayette, (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Richard Cave Jennings

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Francis

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 14, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	5	17	hr. min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Richard Jennings
13. Birthplace Howard County, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Zyenthy Farris
15. Birthplace Howard County, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Richard C. Jennings

(b) Address R.R. # 3 Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. (Month) (Day) 42 (Year)

(c) Place: burial or cremation Sulpher Spring Cemetery

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville Mo

19. (a) 9-2-42 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st. year 1942 hour 10.15 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1942 to Sept 1, 1942 that I last saw him alive on Aug 31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Chronic Myocarditis	1 yr
Due to	
Other conditions Cardio-Vascular (Include pregnancy within 3 months of death)	1 yr.
Renal disease	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

1310

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Iva Bloom (M. D. or other) M.D.

Address Fayette Mo Date signed 9-2-42

1224 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,
District File Number
Date Filed 9-11-42

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 C. L. Fielands

Licensed Embalmer No. 1399

P. O. Address Higbee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

7. S. No. 2B
0M—8-21-41
I X29288

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27252

Registration District No. 140 Primary Registration District No. 55 x 9 Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Howard

(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME: Richard Carl 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: m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: mar (Month) 14 (Day) 1868 (Year)

8. AGE: Years 74 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-2-42 (Date received local registrar) (b) Thomas B. Deming (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY