S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28338

State File No.

FILED SEP 15 1942

Registration District No. 6128

Primary Registration District No.

Registrar's No.

101
0
0

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Eminence Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McFarland C Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two weeks (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 101

(a) State Mo (b) County Shannon 0

(c) City or town Eminence Mo 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME William H Jennings

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Martha Jennings

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb (Month) 14 (Day) 1871 (Year)

8. AGE: Years 71 Months 4 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Timber

11. Industry or business

FATHER
12. Name William H. Jennings
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Mary Brisco
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Hazel Brisco
(b) Address Rector Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date of interment July 6 (Month) 42 (Day) (Year)
(c) Place: burial or cremation Summers Cemetery

18. (a) Signature of funeral director John F Duncan
(b) Address Mtn View Mo

19. (a) 7-6-42 (Date received local registrar) (b) Frank Hyde M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1942 hour 11 minute 30 a.M.

21. I hereby certify that I attended the deceased from June 29, 1942 to July 5, 1942 that I last saw him alive on July 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver — Duration 6 Mo

Due to

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of liver
Of autopsy None

46 f

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 W. T. Eundy 0 (M. D. or other)
Address Eminence Mo Date signed 7-5-42

#P

744 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 942829
Date Filed 9-14-42

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 Joe R Duncan, Registered Apprentice No. 301 working under my personal supervision.

Signed John F Duncan

Licensed Embalmer No. 2516

P. O. Address Mtn View 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.