

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 13 1942
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 128

Registration District No. 184 Primary Registration District No. 3037

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brownfield
(c) Name of hospital or institution:
210 W. Bruce Blvd Home
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brownfield
(d) Street No. 210 W Bruce
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME William S. Jennings
3. (b) If veteran, name war no
3. (c) Social Security No 707-04-047

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 29
year 42 hour 7 minute 0 M.

4. Sex Male 5. Color or race White
6. (a) Single, (widowed, married, divorced) Married
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 19 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-4, 1942, to 10-29-42, 1942
that I last saw him alive on 10-29-42, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 1 Days 10 If less than one day hr. _____ min. _____

Immediate cause of death Inward arterial pressure due to dilatation of Ca.
Due to Pressure of fourth rib
Due to _____

9. Birthplace Mt Vernon Mo
(City, town, or county) (State or foreign country)

Other conditions 0
(Include pregnancy within 3 months of death)
Major findings: 0
Of operations 0
Of autopsy 0

10. Usual occupation Retired R.R. Man
11. Industry or business _____
12. Name Sammy Jennings
13. Birthplace Ky
14. Maiden name Martha Carter
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 0 (Specify type of place) (a) Means of injury 0

16. (a) Informant's own signature Sam Jennings
(b) Address Brownfield Mo
17. (a) Burial (b) Date thereof Nov 4-42
(c) Place: burial or cremation Brownfield Mo
18. (a) Signature of funeral director Hunter Rollins
(b) Address Brownfield Mo
19. (a) 10-31-1942 (b) W H Carver
(Date received local registrar) (Registrar's signature)

23. Signature Sam M. Brown (M. D. or other)
Address Brownfield, Mo Date signed 11/2/42

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

Rev. 5-17-39
Form 1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
Underline the cause to which death should be charged statistically

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 L. W. Collins
Licensed Embalmer No. 1144
P. O. Address Brookfield, Ill.

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, above space should be left blank.