V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6049

State File No.

FILED MAR 3 1943

Registration District No. 19 00

Primary Registration District No. 5218

Registrar's No. 40

1. PLACE OF DEATH:
(a) County: Cas
(b) City or town: Rural . Big Creek twp
(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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Rural Big Creek
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: 0

14 0 0

3. (a) PRINT FULL NAME: Ursula Woods Jennings

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: female | 5. Color or race: white | 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Howard Jennings

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: Jan. (Month) 28 (Day) 1890 (Year)

8. AGE: Years 53 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace: Green Wood. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: HouseWife

11. Industry or business: J.D. woods

FATHER
12. Name: Lees Summit Mo.
13. Birthplace: (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Bettie Warren
15. Birthplace: Lees Summit. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Howard Jennings
(b) Address: Green Wood. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Wood. Mo.

18. (a) Signature of funeral director: A. W. Brownfield
(b) Address: Pleasant Hill. Mo.

19. (a) Feb. 17, 1943 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

1071

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1943 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Dec. 28, 1942 to Feb. 11, 1943; that I last saw him alive on Feb. 6, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple Sclerosis — Duration: 12 yrs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 878

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: 0

23. Signature: F. V. Murray M.D. (M. D. or other)
Address: Pleasant Hill Mo. Date signed 2/12/43

(Licensed Embalmer's Statement on Reverse Side)

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

By me 2/11/43, Registered Apprentice No.

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.