

128
MAR 26 1943

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH: GREENE

(a) County Greene

(b) City or town Springfield, Mo

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural Springfield N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. Seven Cobles (Route 4)
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Clark Walter Jennings

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1943 hour 8 minute 15 A. 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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Jan. 11, 1890
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 5 days

Due to _____

Due to _____

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

8. AGE: Years 53 Months 1 Days 25 If less than one day hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER

12. Name James Jennings

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

14. Maiden name Nancy Jones

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

16. (a) Informant Phyllis Marie Folkner

(b) Address Fordland, Mo

17. (a) Burial (b) Date thereof 3-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Mo

18. (a) Signature of funeral director Kelley Ferrell

(b) Address Seymour

19. (a) 3-6-43 (b) J. M. Handley
(Date received local registrar) (Registrar's signature)

Major findings: J30

Of operations _____

Of autopsy _____

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? _____

23. Signature J. T. Walsh (M. D. or other) _____
Address _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

39
6

39

MOTHER FATHER

995

OCT 3 1946

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.....

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.