

FILED SEP 9 1943

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:  
1  
(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 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME James Benton Jennings

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Jennings (McClain)

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 23, 1855  
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Madrid County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Glass Manufacturing

12. Name William R. Jennings

13. Birthplace New Madrid County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Harvey

15. Birthplace New Madrid County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Jennings

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof 8/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Festus, Mo.

19. (a) Aug. 26/1943 (b) H. L. C. Weir  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th  
year 1943 hour 13 minute 10.0 M.

21. I hereby certify that I attended the deceased from August 20, 1943, to Aug 28, 1943, that I last saw him alive on Aug 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to General arterio-sclerosis unknown

Due to \_\_\_\_\_

Other conditions J32  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address Crystal City Mo. Date signed 8/26/43

Duration 3 days

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.....

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.**