

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1016 Louret St 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 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson⁴⁸

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

(d) Street No. 1016 Louret St
(If rural, give location)

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

3. (a) PRINT FULL NAME OPAL JENNINGS

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1943 hour 9 minute 17 P.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 M 5. Color or race W

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

6. (b) Name of husband or wife Leslie Canto

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 18 - 1904
(Month) (Day) (Year)

Immediate cause of death Acute pulmonary edema and congestion ✓

Due to _____

Due to Pending further investigation

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 39 Months 4 Days 3
If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy see above

10. Usual occupation stenographer

11. Industry or business _____

12. Name Isaac Ruark

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

14. Maiden name Mary E. Nettie

15. Birthplace MO D
(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) _____

(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 _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Mr Jno Holt

(b) Address South East Jowa

17. (a) Reburied (b) Date thereof 9-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden Street, Jowa

18. (a) Signature of funeral director H. E. Brown

(b) Address 2315 - Jowa

19. (a) 9-23-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Heath (M. D. or other) _____

Address J.C.C. Mo. Date signed 9/22/43

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

MOTHER FATHER

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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: *Nancy Bergman*
Licensed Embalmer No. *2041*
P. O. Address *Kan City, 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.