

V. S. No. 2  
DOM-2.43  
Re 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34005

FILED OCT 20 1943

State File No. \_\_\_\_\_  
Registrar's No. 99

Registration District No. \_\_\_\_\_

Primary Registration District No. 5018

200

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

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town Whitesville (North J. P.)  
(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)  
In this community 81 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Whitesville mo  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lulie Allace Jennings  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Luriah Delbert Jennings 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased (Month) 6 (Day) 18 (Year) 1962

8. AGE: Years 81 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Andrew Co. mo (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business  
12. Name B. B. Sanders  
13. Birthplace in known Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Maryanna Cumbers  
15. Birthplace in known mo (City, town, or county) (State or foreign country)

16. (a) Informant W. P. Jennings  
(b) Address Whitesville mo  
17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 9-12-1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Whitesville

18. (a) Signature of general director E. C. Breit  
(b) Address Savannah mo  
19. (a) 9-11-43 (Date received local registrar) (b) J. H. Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1943 hour 4:40 minute P. M.  
21. I hereby certify that I attended the deceased from Jan 1 1940 to 9-10 1943 that I last saw her alive on 9-10-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Luther Rockhold (or other) D. O. Address Union Star mo Date signed 9-11-43

1072

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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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address. Savannah Ga

**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.**