

LED OCT 20 1943
Registration District No. 333

Primary Registration District No. 3022

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(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 _____)

In this community all of life
years, months or days

3. (a) PRINT FULL NAME Luther Jennings

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lula Jennings

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug 8 1896
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Jennings

13. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Wash

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

16. (a) Informant Mrs. Lula Jennings

(b) Address Bethany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo.

19. (a) 9-4-1943 (Date received local registrar)

(b) Zola M. Curves (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Bethany
(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 A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 10
1941, to Aug 3, 1943;
that I last saw him alive on Aug 3, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma of prostate 2yrs.

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) (a) Means of injury 0

23. Signature R. R. Liddon (M. D. or other)

Address Bethany, Mo. Date signed 8-11-43

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bethany 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.