

FILED OCT 28 1943

Registration District No. 176

Primary Registration District No. 4280-5608

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital X institution X
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence ⁰⁵⁵

(c) City or town Mo Vernon mo ⁰
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? X (Yes or No)
If yes, name country X ⁰

3. (a) PRINT FULL NAME William Jennings

3. (b) If veteran, name war Civil War 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Sallie Jennings 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

96 11 11 hr. _____ min.

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

10. Usual occupation Minister & Farmer

11. Industry or business Agriculture

12. Name Robert Jennings

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

14. Maiden name Sarah Shelton

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

16. (a) Informant Mrs W Jennings

(b) Address State City, Mo

17. (a) Burial (b) Date thereof Sept 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Geo. B. Orr

(b) Address Mo Vernon, Mo

19. (a) Sept 19 1943 (b) Anna M. Honey
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 10:15 minute _____ M.

21. I hereby certify that I attended the deceased from 4/13 1943 to 8/23 1943; that I last saw him alive on 8/23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Semility & Chr. Myocarditis & Nephritis

Other conditions (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 Jenneth Glover (M. D. or other) _____

Address Mo Vernon, Mo Date signed 9/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 87

District File Number 1043-1200

Date Filed OCT 27 1943

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address W. Vernon 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.