

FILED MAR 13 1944

Registration District No. 274

Primary Registration District No. 6009

1. PLACE OF DEATH:

(a) County Rural  
(b) City or town Rural Salt River  
(c) Name of hospital or institution: RFD #1 Care  
(d) Length of stay: In hospital or institution none  
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Rural Salt River  
(d) Street No. RFD #1 Care  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WALTER JENNINGS

3. (b) If veteran, name war none 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 Rose Jennings 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct-14-1880

8. AGE: Years 63 Months 3 Days 29 hr. min.

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

10. Usual occupation Retired Car driver

11. Industry or business Wabash Railroad

12. Name Robert Jennings

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

14. Maiden name Francis Jeter

15. Birthplace Randolph Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Charlie Jennings

(b) Address RFD #1 Care

17. (a) Burial, cremation, or removal (b) Date thereof Feb 16-44

(c) Place: burial or cremation Bedings Cemetery

18. (a) Signature of funeral director W. W. General

(b) Address 15-44 (c) Date received local registrar 2-1

19. (a) 2-15-44 (b) Irma Kove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12<sup>th</sup> year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7:30 AM that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Natural undetermined

Due to Apoplexy likely

Due to Coronary Case

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

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 Dr. J. J. Jeter (M. D. or other) Address Date signed 2/19/44

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 3-44-610  
Date Filed MAR 10 1944

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 R. M. Carter  
Licensed Embalmer No. 4-117  
P. O. Address Moberly 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.