

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11414**

FILED APR 6 1944

Primary Registration District No. **3038**

Registrar's No. **306**

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Linn*

(a) County *Linn*

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

(c) Name of hospital or institution *McLarney Hospital*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *17 days*
(Specify whether)

In this community *29 years*
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: *58*

(a) State *Mo.* (b) County *Linn*

(c) City or town *Laclede, Rural*
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME *LENA BELLE JENNINGS*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *13* year *1944* hour *5* minute *50 A.M.*

4. Sex *Female* 5. Color or race *White* 6. (a) Single, widowed, married, divorced, *Widowed*

6. (b) Name of husband or wife *Charles* 6. (c) Age of husband or wife if alive *Dec. 4* years

7. Birth date of deceased: *Dec. 4 1881*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1939, to *March 13*, 19*44*
that I last saw her alive on *March 12*, 19*44*
and that death occurred on the date and hour stated above.

8. AGE: Years *62* Months *3* Days *9* If less than one day _____ hr. _____ min.

Immediate cause of death: *Acute dilatation of heart*

Due to *Degenerative myocarditis*

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace *Linn Co. Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation *At home*

11. Industry or business *William Hatch*

12. Name *William Hatch*

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

14. Maiden name *Rachel Cotton*

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

Major findings: *93d*
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant *Paul W. Jennings*

(b) Address *Laclede, Mo. R-*

17. (a) *Burial* (b) Date thereof *Mar. 15, 1944*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Laclede, Mo. Cem*

18. (a) Signature of funeral director *W. J. Shan*

(b) Address *Laclede, Linn Co. Mo.*

19. (a) *3-14-1944* (b) *W. N. Daman*
(Date received local registrar) (Registrar's signature)

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 *2*

23. Signature *W. N. Daman* (M. D. or other) _____
Address *Laclede, Mo.* Date signed *3-14-44*

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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2876

P. O. Address Galena, 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.