

FILED APR 8 1944

Registration District No. 21

Primary Registration District No. 3042

State File No.

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Fredricktown Madison  
(b) City or town Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Fredricktown  
(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 WILLIAM J. HINGS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 7  
year 1944 hour 2 minute 0 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucy Ellen Jennings 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Oct 3 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 1944 to April 19 1944  
that I last saw him alive on March 6th 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years 82 Months 5 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral Haemorrhage  
Due to Hypertension  
Due to marked arteriosclerosis

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

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings:  
Of operations g3a1  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Not known

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

14. Maiden name Mary McPherson

15. Birthplace St. Genis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee & Elmer Jennings

(b) Address Fredricktown Mo.

17. (a) Burial (b) Date thereof Mar 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coward Mo.

18. (a) Signature of funeral director Caldwell Bros  
(b) Address 714 N. W. Mo.

19. (a) March 9 1944 (b) S. A. Slawter  
(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 \_\_\_\_\_

23. Signature S. A. Slawter (M. D. or other) \_\_\_\_\_  
Address Fredricktown Mo. Date signed 3/7/44

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

52  
1  
1

RECEIVED

District Health Officer No. 4  
District File Number 444-3612  
Date Filed 4-6-44

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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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**