

FILED SEP 12 1944

Registration District No. **77** Primary Registration District No. **3008**

14
1
2

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Sulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp # 1 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 yrs, 1 mo, 30 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME DORA BELL JENNINGS

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

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** divorced, married
6. (b) Name of husband or wife Albert Jennings **6. (c) Age of husband or wife if** 1903
7. Birth date of deceased Feb 1 1903
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>41</u>	<u>6</u>	<u>25</u>	hr. <u>0</u> min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name DK
13. Birthplace DK
(City, town, or county) (State or foreign country)
14. Maiden name DK
15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant RECORDS OF STATE HOSP

(b) Address SULTON, MO

17. (a) Burial **(b) Date thereof** Aug 28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital grounds

18. (a) Signature of funeral director John Thomas

(b) Address 308 Market St Sulton Mo

19. (a) Aug 28 1944 **(b) Josie M. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Camden
 (c) City or town Eldridge, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1944 hour 04 minute 40 P M.

21. I hereby certify that I attended the deceased from August 1
1, 1943, to August 26, 1944
that I last saw her alive on August 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute peritonitis **Duration** 1 day
Due to Carcinoma of uterus **?**

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

Major findings: H&H
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

Signature John D. Black (M. D. or other)
Address Sulton, Mo Date signed 8/26/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-9-44.....

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.