S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2759

FILED FEB 10 1945

Registration District No. 195

Primary Registration District No. 30-36 5645

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Rural Aurora Twnship 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. # 1 Aurora Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1 Aurora Mo. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha Susie Jennings

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Bud Jennings

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 13 (Day) 1865 (Year)

8. AGE: Years 79 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Christian County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name S.P.Barris
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Frances Hart
15. Birthplace ? (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Armond Jennings
(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Dover Cemetery

18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.

19. (a) 1-20-45 (Date received local registrar) (b) Eunice Greene by A.M.F. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1945 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1945 to Jan. 18, 1945
that I last saw her alive on Jan 5, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronco pneumonia	2 weeks
Due to Senility and a general run down condition	
Due to	
Other conditions (Include pregnancy within 3 months of death) P.A. Holmes	
Major findings: Of operations	
Of autopsy	

107

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P.A. Holmes (M. D. or other)
Address Mt Vernon Mo Date signed 1-19-45

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 245-186
Date Filed FEB 8 1945

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.