

S. No. 2
OM-8-43
v. 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. 13554

FILED APR 17 1945
Registration District No. 171

Primary Registration District No. 3021

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christa Nagau Hosp - 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 6 wks
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Braidville 4.1
(If outside city or town limits, write "RURAL") 9
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Keith Jennings
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 13
year 1945 hour 3 minute 07 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Margaret Jennings 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 7 - 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 3 1945 to March 13 1945,
that I last saw him alive on March 12 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis with pneumonia (Pulmonary)
Duration _____

8. AGE: Years 64 Months 5 Days 26 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 13b

9. Birthplace Jacksonton, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman

11. Industry of business _____
12. Name B. E. W. Jennings
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Anna Jane Bradley
15. Birthplace Jackson, Mo. (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Margaret Jennings
(b) Address Braidville, Mo.
17. (a) 13 (b) Date thereof 3-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo.
19. (a) 3-20-45 (b) Paul
(Date received local registrar) (Registrar's signature)

23. Signature W. H. ... (M. D. or other)
Address West Plains, Mo. Date signed 3-24-45

(Licensed Embalmer's Statement on Reverse Side)

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

6
1
1

1125

RECEIVED

District Health Officer No. 5,

District File Number

445-189

Date Filed

4, 12, 45

APR 20 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: *A. S. Roberts*

Licensed Embalmer No. *3487*

P. O. Address *Ms. Hallie, Md.*

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.