

FILED OCT 8 1945  
Registration District No. 293

Primary Registration District No. 4434

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Center  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls  
(c) City or town Center  
(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

John J. Jennings

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myrtle Steele Jennings  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Oct 7 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business Retired

MOTHER FATHER { 12. Name Edwin Jennings  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant James Jennings  
(b) Address Center Mo

17. (a) Burial (b) Date thereof Sept 25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Center Mo

19. (a) Oct 2-1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Sept day 22  
year 1945 hour 6 minute 15p M.

21. I hereby certify that I attended the deceased from Sept. 15  
1945, to Sept. 22, 1945  
that I last saw him alive on Sept. 22, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Acute  
Duration 7 days

Due to Unknown

Due to Unknown

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

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) (c) Means of injury \_\_\_\_\_

23. Signature C. H. Brooks (M. D. or other) D.O.  
Address Center, Mo Date signed 9-30-45

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

**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 *J. H. H. H. H.*

Licensed Embalmer No. 4263

P. O. Address Center

**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.**