

FILED JAN 11 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 140

Primary Registration District No. 5549

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Rural R.R. 2 Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Redding
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Howard Co. (Rife) years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural R.R. 2 Fayette
(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 ETHEL DAVIS JENNINGS

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV 22 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Plead

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

14. Maiden name Martha Nelson

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jennie Watkins

(b) Address New Franklin Mo

17. (a) Burial (b) Date thereof 12/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant

18. (a) Signature of funeral director L. S. Henson

(b) Address New Franklin Mo

19. (a) 12-13-1945 (b) Dorothy Fern Sobin
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1945 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-3
1945 to 12-13 1945
that I last saw 55 alive on 12-13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to _____
Due to hypertension -
terminal pneumonia

Other conditions terminal pneumonia
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy no

Duration

7 days

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 _____

23. Signature M. P. Beach or other _____
Address Fayette Mo Date signed 12-13-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-40.....

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 H. L. Hall.....

Licensed Embalmer No. 3515.....

P. O. Address. New Franklin, 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.