S. No. 2
M—5-43
. 5-17-39
I X36671

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

3504

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. 4475

Registration District No. 5 Primary Registration District No. 5029 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Atchison

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison 3

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

(d) Street No. Near Westboro, Missouri 0
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loy G Jennings

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct-16th-1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Geo G Jennings
13. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura A Davis
15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant A. D. Jennings
(b) Address Westboro. Missouri

17. (a) Burial (b) Date thereof 2-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo

18. (a) Signature of funeral director Scott Tucker
(b) Address Westboro, Missouri

19. (a) Feb 6-46 (b) Mrs. H D Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 5
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~, 19 , to , 19 ;~~
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death STRANGULATION AND FRACTURE OF 2-3-4 CERVICITAL VERT	
Due to HANGING	
Due to 0	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy 16 40	

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) SUICIDE

(b) Date of occurrence FEB 5-1946

(c) Where did injury occur? WESTBORO ATCHISON Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN CORN CRIB ON FARM
(Specify type of place)

While at work? — (e) Means of injury HANGING

23. Signature Thos F Fay DC (M. D. or other)

Address westboro Mo Date signed 1-5-46
coroner

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Scott Tucker, Registered Apprentice No. ____, working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.