

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED MAY 16 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16403**

Registration District No. **132** Primary Registration District No. **3021** Registrar's No.

1. PLACE OF DEATH  
(a) County **GRUNDY**  
(b) City or town **TRENTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **COLLERS HOSPO**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 hr**  
(Specify whether  
In this community **4 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Linn** **40**  
(c) City or town **Trenton** **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **404 Monroe** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **RUBY ANN JENNINGS**  
3. (b) If veteran, name war  
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **6**  
year **1946** hour **9** minute **40 A** M.  
21. I hereby certify that I attended the deceased from **April 3** 19**46** to **April 6** 19**46**  
that I last saw her alive on **April 6** 19**46**  
and that death occurred on the date and hour stated above.

4. **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased **June 2** 19**42**  
(Month) (Day) (Year)

Immediate cause of death **Staphylococcal sore throat** Duration **4 days**  
Due to  
Due to  
Other conditions (Includes pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy **115 lb**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years **3** Months **10** Days **4** If less than one day  
9. Birthplace **Trenton Mo.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Child**

MOTHER FATHER  
11. Industry or business **Home**  
12. Name **Theodore Jennings**  
13. Birthplace **Linn Co. Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Anna Sharp**  
15. Birthplace **Real Kansas** (City, town, or county) (State or foreign country)

16. (a) Informant **Theodore Jennings**  
(b) Address **Trenton Mo.**  
17. (a) **burial** (b) Date thereof **Apr 8, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Foot. cemetery Mo.**  
18. (a) Signature of funeral director **Royce A. Damm**  
(b) Address **Trenton Mo.**  
19. (a) **A-8-46** (b) **Irene Fair**  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury  
23. Signature **L.H. Quilley** (M.D. or other)  
Address **Trenton Mo.** Date signed **5-6-46**

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

15290

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.....

.....  
working under my personal supervision.

*Myself*

....., Registered Apprentice No.....

Signed *Raymond A. Dennis*

Licensed Embalmer No. *3424*

P. O. Address *Quentin, 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.