

FILED JUL 16 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 24798

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 1460

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 60 DAYS
(Specify whether 68 YEARS)
In this community 68 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST FRANCIS
(c) City or town FARMINGTON
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

MARY LUCILLE 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 L. JENNINGS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 17 1888
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace ST GENEVIEVE CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

FATHER { 12. Name JOHN BOQUETTE
13. Birthplace ST GENEVIEVE MO
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name NARCISSIS WOOLRIDGE
15. Birthplace ST GENEVIEVE MO
(City, town, or county) (State or foreign country)

16. (a) Informant B H JENNINGS

(b) Address FARMINGTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-12-1946
(Month) (Day) (Year)

(c) Place: burial or cremation PARKVIEW Cem

18. (a) Signature of funeral director C. H. COZAN

(b) Address FARMINGTON MO

19. (a) 7-11-46 (Date received local registrar) (b) E. A. The Bureau MO (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1946 hour 105 minute 4 M.

21. I hereby certify that I attended the deceased from July 3 1946, to July 8 1946,
that I last saw her alive on July 6 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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. Cozan (M. D. or other) MD
Address Croze Cozan, Mo Date signed 7-8-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

92016

20049

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis

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.