S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29597

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1087

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hrs. (Specify whether years, months or days)
In this community: 4 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Missouri Methodist Hospital 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Nathaniel Fred Jennings Jr.
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 26 (Day) 1946 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 4 hr. 40 min.

9. Birthplace: Missouri Methodist Hosp. St. Joseph Mo (City, town, or county) (State or foreign country)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Nathaniel Fred Jennings
13. Birthplace: Gentry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Marguerete Arminta Mathews
15. Birthplace: Worth (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Marguerete Jennings
(b) Address: Worth, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept 27-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Grant City Mo.
18. (a) Signature of funeral director: John Andrews Jr
(b) Address: Grant City Missouri
19. (a) Sept. 27, 1946 (Date received local registrar) H J Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1946 hour 3 minute 50 A. M.
21. I hereby certify that I attended the deceased from Birth 9-26-46 11:40 P.M. 1946, to 9-27-46 - 3:50 a.m.; that I last saw him alive on 9-27-46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Massive Hemorrhage
Due to: Rupture of Foetal vessel of Placenta, near Cord
Due to: insertion — in utero

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

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: E. E. Wadlow, M.D. (M. D. or other)
Address: 620 Francis St. Joseph Mo. Date signed: 9-27-46

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(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews Jr., Registered Apprentice No.....,
working under my personal supervision.

Signed John Andrews Jr.

Licensed Embalmer No. 421

P. O. Address Grant City 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.