

FILED DEC 9 1946

Registration District No. 27

Primary Registration District No. 4049

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia  
(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 Life  
years, months or days

3. (a) PRINT FULL NAME Nancy Elizabeth Jennings

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

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife Wm. F. Jennings 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 17 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business \_\_\_\_\_

12. Name Lewis Keeley 4

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

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Robt. Lee Jennings - son

(b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof Nov. 30, '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director John Jennings

(b) Address Centralia, Mo.

19. (a) Dec 1-1946 (b) Maud McBride  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10  
(c) City or town Centralia /  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1946 hour 3: minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov. 23  
1946 to Nov. 28 1946;  
that I last saw her alive on Nov. 28 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute mitral decompensation 2 days  
Duration

Due to Chronic myocarditis unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: Of operations 93D

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)  
(e) Means of injury 2

23. Signature R. P. Roberts (M. D. or other) Dr.

Address Centralia Mo. Date signed 11-29-46

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

34911

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-5-46

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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 George Jesinger  
Licensed Embalmer No. 4270  
P. O. Address Centralia, 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.**