

No. 2
-12-45
5-17-39
I X47070

FILED FEB 14 1947
Registration District No. **728**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community Unknown (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME H. C. (Prince) JENNINGS
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 Married
6. (b) Name of husband or wife Della B. Jennings
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 23, 1890
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 13 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Milligan Gro. Co.

MOTHER FATHER
12. Name.....
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della B. Jennings
 (b) Address Alton, Missouri

17. (a) Burial & Removal (b) Date thereof 2-9-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Louisiana, Missouri

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
 (b) Address Springfield, Missouri

19. (a) 2-7-47 (b) W. E. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon
 (c) City or town MISSOURI Alton
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 8
 year 1947 hour 7:25 P.M. minute..... M.

21. I hereby certify that I attended the deceased from
Feb. 6, 1947, to Feb 6, 1947
 that I last saw him alive on Feb. 6, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Heart failure Duration 2 days
 Due to acute Coronary Thrombosis 2 days
Angina Pectoris 2 yrs.

Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 94A
 Of autopsy.....
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).....
 (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.....

23. Signature W. E. Handley (M. D. or other) M.D.
 Address Med. Socy. Springfield, Mo. Date signed 2-7-47

NOV 12 1958

OCT 17 1958

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.....

Harry S. Lyle

Registered Apprentice No. 479

working under my personal supervision.

Signed.....

E. A. Roof

Licensed Embalmer No. 3044

P. O. Address. *Springfield, 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.