S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19962

Registration District No. 374 Primary Registration District No. 4548 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Worth Missouri
(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 — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Worth Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nathionial Fred Jennings
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M C
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marquette Jennings
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Nov (Month) 23 (Day) 1907 (Year)

8. AGE: Years 39 Months 5 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Gentry (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Oil Station + Farmer
FATHER
12. Name Ellis Jennings
13. Birthplace Unknown (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Deborah Smith
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country)
16. (a) Informant Marquette Jennings
(b) Address Worth Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Cemetery
18. (a) Signature of funeral director James Anderson
(b) Address Grant City Mo
19. (a) May 6-1947 (Date received local registrar) (b) Lelia E. Dilworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Compound fracture of left leg received in Worth, Mo. tornado — 3 mos.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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: 1103
(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 3

23. Signature Jack C. Dimple (M. D. or other) Coe.
Address Grant City, Mo. Date signed 5-3-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 4 1944

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. 4211

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.