FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1947

Registration District No. 71

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 37443

Registrar's No. 179

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. 55 min. (Specify whether
In this community 3 hrs. 55 min. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Bosworth 0 (If outside city or town limits, write "RURAL")
(d) Street No. RR #2 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Woodrow Jennings
3. (b) If veteran, name war WW II
3. (c) Social Security No. --
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced -- 9
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 18, 1913 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	7	28	hr. min.

9. Birthplace Omaha (City, town, or county) Ark 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name not available
13. Birthplace " 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not available
15. Birthplace " 9 (City, town, or county) (State or foreign country)
16. (a) Informant Hospital records, Veterans Administration Hospital
(b) Address Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1947 (Month) (Day) (Year)
(c) Place: Removal: Bosworth, Mo.
18. (a) Signature of funeral director Chas. V. Hope
HOPE FUNERAL HOME
(b) Address Excelsior Springs, Missouri
19. (a) 11/17/47 (Date received local registrar) (b) Caroline Hutchins (Registrar's signature) (2)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1947 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1947, to Nov. 16, 1947 that I last saw him alive on Nov. 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized peritonitis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 117 P
Of autopsy Ruptured gastric ulcer.

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury — 0

23. Signature Jack H. Keeling JACK KEELING (M. D. or other) M.D.
Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 11-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-1-47

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 James A. Moles

Licensed Embalmer No. 3296.

P. O. Address Ex Springs 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.