S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42347

FILED JAN 5 1948

Registration District No. 107

Primary Registration District No. 3043

Registrar's No. 422

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 6017 Horton Place
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Hazel Opal Jennings
3. (b) If veteran, name war .....
3. (c) Social Security No.: 494-26-4259
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William M. Jennings
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: October 19, 1908 (Month) (Day) (Year)
8. AGE: Years 39 | Months 2 | Days 6 | If less than one day ..... hr. ..... min.
9. Birthplace: Bernie Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Dressmaker
11. Industry or business: Quilla Darby Dress Shop
MOTHER FATHER
12. Name: Charles Robert Dickirson
13. Birthplace: Springfield Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Ruth Ella Anthony
15. Birthplace: Union County Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Chester Dickirson
(b) Address: 1262 Horton, St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Rosewood, Malden Missouri
18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 12-26-47 (Date received local registrar) (b) Dr. E. M. Tucker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day ~~25~~ 25 year 1947 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec 19 1947 to Dec 25 1947; that I last saw he alive on Dec 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular thrombosis	
Due to: Multiple Chest injuries	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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): accident
(b) Date of occurrence: 12-20-47
(c) Where did injury occur? Grance City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 36 (Specify type of place)
While at work? no (e) Means of injury: auto accident
23. Signature: J. M. Beck (M. D.)
Address: (Fulton) Mo Date signed: 12/26/47

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

Coll. with other M. vehicle

JAN 2 1948

FEB 25 1948

JAN 22 1948

Verdict of Jury

We the jury find from the evidence submitted William Jennings and Hazel Jennings came to their death by coming in contact with a truck which was on the wrong side of the pavement. The truck was a 1939 Ford driven by William Joe Gill of Hunnewell, Mo.

James O Donnell
Coroner of Marion Co

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 S. Ward, Registered Apprentice No. 35, working under my personal supervision.

Signed H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.