

National Office of Vital Statistics

FILED JAN 5 1947

Primary Registration District No. 3072

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 Hosp. O
(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 St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6017 Horton Street
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Marshall Jennings

3. (b) If veteran, name war.....

3. (c) Social Security No. 193-18-3047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1947 hour 1 minute 15 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Dickinson Jennings 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased January 28, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 20 1947 to Dec 21 1947
that I last saw him live on Dec 21 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>58</u> | <u>10</u> | <u>23</u> |hr.min. |

Immediate cause of death Concussion of brain, crushed chest, cerebral hemorrhage

Due to shock

Due to

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

10. Usual occupation Painter & Inspector

11. Industry or business Wagner Electric Company

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

12. Name Thomas H. Jennings

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

14. Maiden name Willie Denney

15. Birthplace Clinton Cty. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. D. Roberts

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 20 1947

(c) Where did injury occur? Marion 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

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-22-47 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or D. O.)

Address 6017 Horton St. St. Louis, Mo. Date signed 12/21/47

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

4
3
4

Call with motor vehicle

JAN 23 1948
FEB 11 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'Donnel
Coroner of Missouri

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

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.