S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1673

FILED JAN 14 1949

Registration District No. 179 — Primary Registration District No. 4287 — Registrar's No. 1

57
2
0

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

1. PLACE OF DEATH:

(a) County: LINCOLN

(b) City or town: TROY (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: LINCOLN 57

(c) City or town: TROY (If outside city or town limits, write "RURAL") 2

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Eppie M. 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: Widowed

6. (b) Name of husband or wife: Willy Jennings

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Sept (Month) 1 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	0	..... hr. ..... min.

9. Birthplace: LINCOLN Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: MERCHANT (RET)

11. Industry or business: GENERAL STORE

FATHER
12. Name: George Jennings
13. Birthplace: UNKNOWN (City, town, or county) TENN. (State or foreign country) 1

MOTHER
14. Maiden name: Ellen Wilson
15. Birthplace: LINCOLN Co., (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Eppie Allison (DAU)

(b) Address: TROY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 3, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: TROY, Missouri

18. (a) Signature of funeral director: Kemper Funeral Home

(b) Address: Troy, Mo.

19. (a) 1-2-1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature) 1-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1 year 1948 hour 11 minute A M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on Jan 1st 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83 A

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 .....

23. Signature: [signature] (M. D. or other) MD

Address: Troy Mo Date signed: 1/2/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/13/48

FEB 11 1948

FEB 7 1948

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.