V. S. No. 2
00M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9354

Registration District No. 193 Primary Registration District No. 5708 Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural- Buffalo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt. # 1 Goodman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 78 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 Goodman 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BUD J. JENNINGS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida May Jennings

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 30 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	14	hr. min.

9. Birthplace McDonald (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Own Home

FATHER
12. Name Aaron Jennings
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Ida May Jennings
(b) Address Rt. 1, Goodman, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Family Cem. NW of Goodman

18. (a) Signature of funeral director John B Papineau
(b) Address Goodman, Missouri

19. (a) Mar. 15, 1948 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1948 hour seven minute 20 A.M.

21. I hereby certify that I attended the deceased from February 29th, 1948, to March 14th, 1948;
that I last saw him alive on March 14th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclorsis	
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:

(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 2

23. Signature Harold C. Ward (M. D. or other) D.O.
Address Goodman, MO Date signed 3/15/48

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Robinson

Licensed Embalmer No. 4446

P. O. Address Gordman, 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.