

FILED APR 21 1948

Registration District No. **332**

Primary Registration District No. **41454516**

Registrar's No. **15**

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

06
0
0

1. PLACE OF DEATH:

(a) County... **Jenney**

(b) City or town... **Forsyth**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community... **most of life**
years, months or days

3. (a) PRINT FULL NAME **Thomas Albert Jennings**

3. (b) If Veteran, name war... **no.**

3. (c) Social Security No. _____

4. Sex... **male** 5. Color or race... **w.** 6. (a) Single, widowed, married, divorced... **Married**

6. (b) Name of husband or wife... **Nancy Ann Jennings** 6. (c) Age of husband or wife if deceased... **57** years

7. Birth date of deceased... **Dec 9, 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	3		hr. min.

9. Birthplace... **Forsyth, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Farmer**

11. Industry or business... **Business**

12. Name... **Deas M Jennings**

13. Birthplace... **Forsyth, Mo**
(City, town or county) (State or foreign country)

14. Maiden name... **Brande Williamson**

15. Birthplace... **Forsyth, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs Sam Jennings**
(b) Address... **Forsyth, Mo**

17. (a) **Burial** (b) Date thereof... **4-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Branson, Mo**

18. (a) Signature of funeral director... **P. W. Helbert**
(b) Address... **Branson, Mo**

19. (a) **415 48** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MO** (b) County... **Jenney**

(c) City or town... **Forsyth**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **U.S.A.** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **April** day... **3**
year... **1948** hour... **6:00** minute... _____ A.M.

21. I hereby certify that I attended the deceased from **March 10, 1948** to **April 2, 1948**
that I last saw him alive on **April 2, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death... **Cerebrovascular accident**

Due to... **Hypertension**

Due to _____

Other conditions... (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations... **530**

Of autopsy... _____

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... **H. W. Clark** (M. D. or other)
Address... **Forsyth, Mo** Date signed **4-5-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 448-455

Date Filed APR 20 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

Minnie L. Wheelock

Licensed Embalmer No.

2777

P. O. Address

Chasson 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.