No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16800

Registration District No. 164 — Primary Registration District No. 3032 — Registrar's No. 56

1. PLACE OF DEATH:
(a) County Johnson.
(b) City or town Warrensburg. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10hrs. (Specify whether
In this community 3wks. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper. 49
(c) City or town Webb City. Mo. (If outside city or town limits, write "RURAL") 6
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ida Mae Jennings.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed. 9
6. (b) Name of husband or wife Elmer B. Jennings.
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Oct. (Month) 12, (Day) 1868. (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Kansas City. (City, town, or county) Kansas. (State or foreign country) 1
10. Usual occupation house keeper.
11. Industry or business
FATHER
12. Name Wm. H. Ryus.
13. Birthplace unknown (City, town, or county) unknown. (State or foreign country) 9
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown. (State or foreign country) 9
16. (a) Informant Mrs. W. C. Baker. jr.
(b) Address Warrensburg. Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Webb City. Mo.
18. (a) Signature of funeral director Sweeney Phillips.
(b) Address Warrensburg. MO
19. (a) June 2, 1948 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June. day 2, year 1948 hour 6. minute 45, A. M.
21. I hereby certify that I attended the deceased from 5-30-48, 19..., to 6-2-48, 19...; that I last saw her alive on 6-2-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R F McKinney (M. D. or other) MD
Address Warrensburg Mo. Date signed 6-2-48

Jefferson City Printing Co. (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 R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.