S. No. 300
M—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 3 1948

Registration District No. 14

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5644

State File No. 16830

Registrar's No. 26

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington 54 (If outside city or town limits, write "RURAL")
(d) Street No. County Home 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Wm. Frank Jennings
3. (b) If veteran, name war
3. (c) Social Security No. 0
4. Sex Male 0
5. ~~Color or~~ race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 7 (Day) 1885 (Year)

8. AGE: Years 63 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Odessa (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name John Jennings
13. Birthplace Kirksville (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name Sarah M. Jennings
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Leonard Jennings
(b) Address Wellington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo
18. (a) Signature of funeral director Forest H. Tempel
(b) Address Lexington Mo
19. (a) 2/27/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1948 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from June 1947 to Feb 24 1948 that I last saw him alive on Feb 23 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage — Outer	Hour
Due to: Arteriosclerosis Other	6 yrs
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

23. Signature W. Koppenborg (M. D. or other) MD
Address Higginsville, Mo. Date signed 2/25/48

(Licensed Embalmer's Statement on Reverse Side)

Ropperbrunk

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 6-2-48

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.