FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 18 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18704
Primary Registration District No. 4050
Registrar's No. 153

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Harrisburg
(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 years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Harrisburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DARCUS ANN JENNINGS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 7
6. (b) Name of husband or wife John W. Jennings
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 10 - 9 - 1862 (Month) (Day) (Year)
8. AGE: Years 85 Months 7 Days 24 If less than one day ____ hr. ____ min.
9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name James W. Barnes
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Rebecca Stone
15. Birthplace Virginia (City, town, or county) (State or foreign country) 1
16. (a) Informant Taylor Jennings
(b) Address Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 6-8-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1948 hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 16 1948 to June 1 1948 that I last saw her alive on June 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 wks
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — T.B.

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 0
23. Signature Wm J Shaw (M. D. or other) M.D.
Address Fayette, Mo. Date signed 6-6-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 17 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 W. N. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.