S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27119

FILED SEP 10 1948

Registration District No. 2

Primary Registration District No. 4359

Registrar's No. 2-615

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Point Pleasant
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid
(c) City or town Point Pleasant 72
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jim Jennings
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male 9
5. Color or race black
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Mary Jennings
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Abount 75 | Months | Days | If less than one day br. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Preacher & Farmer
11. Industry or business
FATHER
12. Name Jim Jennings
13. Birthplace (City, town, or county) Mississippi (State or foreign country) /
MOTHER
14. Maiden name Lucy ?
15. Birthplace (City, town, or county) Mississippi (State or foreign country) /
16. (a) Informant Evitt Jennings
(b) Address Point Pleasant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Point Pleasant
18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville, Mo.
19. (a) 8/29/48 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature) 214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 22, 1948, to Aug. 26, 1948 that I last saw him alive on Aug 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Bronchopneumonia	2 day
Due to Left hemiplegia	5 da
Due to Hypertension and arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 40

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 John J Killion (M. D. ~~or other~~)
Address Portageville Mo. Date signed 8-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 948-1138
Date Filed 9-9-48

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.