

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 27 1948
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37068
Registrar's No. 258

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Mc Cune - Brooks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME James Elra Jennings

3. (b) If veteran, name war WW. 1.

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Slate

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 22, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace Taney Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Marble Worker

11. Industry or business Carthage, Marble

MOTHER FATHER

12. Name Jones O. Jennings

13. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clyda J. Benton

15. Birthplace Lawrenceburg, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Jennings

(b) Address La Russell, Missouri.

17. (a) Burial (b) Date thereof 11-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 11/17/1948 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town La Russell
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1948 hour 11 minute 40a a.m.

21. I hereby certify that I attended the deceased from Oct 23, 1948, to Nov. 14, 1948
that I last saw him alive on Nov. 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cardiovascular Duration 2 mo.

Due to enlarged heart

Due to _____

Other conditions 131B
(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? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature L. B. Clinton (M. D. or other) _____
Address Carthage, Mo. Date signed 11-16-48

48-11-976

JAN 26 1949

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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 *John S. Demaska*
Licensed Embalmer No. *4194*

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.