

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27428**

FILED AUG 22 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>273</u>	
1. PLACE OF DEATH a. CITY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		3. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				d. STREET ADDRESS (If rural, give location) 709 Fulton			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) J.		c. (Last) JENNER		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) widowed		8. DATE OF BIRTH Sept. 22, 1878	
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY C.B.&Q. Railroad		11. BIRTHPLACE (State or foreign country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Jenner		13b. MOTHER'S MAIDEN NAME Ursula - -		14. NAME OF HUSBAND OR WIFE Olive Jenner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Harvey E. Dumbauld, 709 Fulton, City ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES DUE TO (b) acute coronary occlusion DUE TO (c) Corony Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Aug. 10/49 3 PM 5-9 4:30	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1</u> , 19 <u>49</u> , to <u>Aug 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 10</u> , 19 <u>49</u> , and that death occurred at <u>10:55 a.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H B Norton M.D.				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 8/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/12/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State), Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 8/16/49		REGISTRAR'S SIGNATURE E. M. Lucke		FUNERAL DIRECTOR'S SIGNATURE A. Schmitz		ADDRESS Hannibal, Mo.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hennipital

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.