

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34713

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" N. Benton Twp.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" N. Benton Twp.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Jennings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 15, 1883</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Appanoose County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Jennings</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Gravett</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Jennings</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>478-03-1847</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Jennings</u>	ADDRESS <u>Halfway, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <u>Radio Vascular Renal Disease</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>442X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 Sept, 1947, to Oct 6, 1949, that I last saw the deceased alive on Oct 6, 1949, and that death occurred at 11:58 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. Smith M.D.</u>	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>Oct. 22, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ragsdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Borden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara Turpin</u>	ADDRESS <u>Funeral Home Bolivar, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

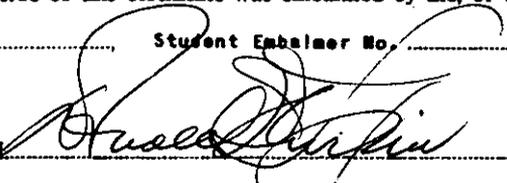
RECEIVED
District Health Officer No. 7,
District File Number ~~11-40-49~~
Date Filed 11-40-49

DEC 15 1954
DEC 1 1954

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 _____

working under my personal supervision.

Student Embalmer No. _____


Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.