

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37007**

FILED DEC 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>	
c. LENGTH OF STAY (in this place) <b>76 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>		d. STREET ADDRESS <b>1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lillie</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Jennings</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27 1949</b>
-------------------------------------	--------------------------	------------------------	---------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec. 20, 1872</b>	9. AGE (In years) (last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Harrison County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>John Jennings</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane King</b>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Lingle</b>	ADDRESS <b>Bethany, Mo.</b>
---	-------------------------------------	--	-----------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hour</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis &amp; Hypertension</b> <b>8 years</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 \_\_\_\_\_, 1940, to Nov 27, 1949, that I last saw the deceased alive on **11-8**, 1949, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Bethany Mo</b>	23c. DATE SIGNED <b>11-29-49</b>
---	--------------------------------	----------------------------------

24a. BURIAL - CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>	24d. LOCATION (City, town, or county) (State) <b>Bethany, Mo.</b>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>11-29-49</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W &amp; Noble</b>	ADDRESS <b>New Hampton Mo</b>
--	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

41  
/



**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W. G. Noble

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2908

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.