

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15529

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>4472</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>miami</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>miami</u> <u>0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Jennings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 8 - 1950</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>September 6, 1911</u>	
9. AGE (in years last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mail carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Jasper Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Dr. Jennings</u>		13b. MOTHER'S MAIDEN NAME <u>Lucia Adlin Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Genevieve Jennings</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Genevieve Jennings Miami MO</u>			
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) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Parasitism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>49ix</u> <u>about</u> <u>10 years</u>	
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)		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>August</u> , 19 <u>44</u> , to <u>April 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>50</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Sullivan M.D.</u>				23b. ADDRESS <u>miami, mo.</u>		23c. DATE SIGNED <u>4-9-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>miami cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>miami, mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/11/1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		FUNERAL DIRECTOR'S SIGNATURE <u>729 Campbell Lewis Marshall</u>		ADDRESS <u>mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

c970

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-29-50

Handwritten notes

Extensive handwritten notes, including "The body was embalmed by me" and "The body was not embalmed"

MAY 3 1950

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 *R. W. Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address Marshall 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.