

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

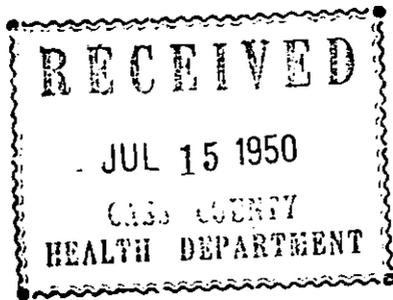
State File No. 23021

FILED JUL 18 1950

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5217 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>0855</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>0855</u>	
b. CITY OR TOWN <u>Rural Austin</u>		c. CITY OR TOWN <u>Rural Austin Twp 0</u>	
c. LENGTH OF STAY (in this place) <u>84 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>11 Mi. S.E. of Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>JENNINGS.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 1 - 1864</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR (Month) (Day) <u>5 7</u>	IF UNDER 1 HR. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Farmer - retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>15 years.</u>	
11. BIRTHPLACE (State or foreign country) <u>Pettis Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>D.P. Jennings</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Hackler</u>	
13c. NAME OF MARRIED OR WIFE <u>Robert G Douglass.</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Tom Jennings</u>		17. ADDRESS <u>Archie 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</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>Malnutrition</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) <input checked="" type="checkbox"/>		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>MAR. 19 50</u> , to <u>JULY 8 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:10 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>O. H. Harger M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>July 8, 1950</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Bros</u>		ADDRESS <u>Archie Mo.</u>	

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



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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

mo