

FILED SEP 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. **26081**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 989	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (If this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 920 Alabama St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 920 Alabama St.				d. STREET ADDRESS (If rural, give location) 920 Alabama St.			
3. NAME OF DECEASED (Type or Print) ROY		a. (First) W		c. (Last) JENNINGS		4. DATE OF DEATH (Month) 8-31 (Day) 1950 (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-26-1894		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction Work		11. BIRTHPLACE (State or foreign country) Leon, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Jennings		13b. MOTHER'S MAIDEN NAME Rhoda Adair		14. NAME OF HUSBAND OR WIFE Lola Jennings			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 496-01-0796		17. INFORMANT'S SIGNATURE OR NAME Lolan Jennings, 920 Alabama St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidentally electrocuted ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 22	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Joseph, Buchanan		21d. HOW DID INJURY OCCUR? Working with electric wire	
21d. TIME OF INJURY (Month) 8 (Day) 31 (Year) 1950 (Hour) 4:00		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 8-31-1950 , to 8-31-1950 , that I last saw the deceased alive on 8-31-1950 , and that death occurred at 4:00 m., from the causes and on the date stated above.							
23a. SIGNATURE H. W. Tadlock act Coroner				23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 8-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-50		24c. NAME OF CEMETERY OR CREMATORY Stanberry, Mo.		24d. LOCATION (City, town, or county) (State) Stanberry, Missouri	
DATE REC'D BY LOCAL REG. Sept. 5, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1950

SEP 13 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, ~~only~~.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John E. Rupp

Signed.....
Student Embalmer

Licensed Embalmer No. *7986*

P. O. Address *St Joseph, 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.