

FILED JUN 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23350

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Liberty</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Sup 1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South of Pyle</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles South of Pyle</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>E</u> c. (Last) <u>JENNINGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 31 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-12-1861</u>
9. AGE (In years last birthday) <u>90</u>	10. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nelson Rupard</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
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) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. B. JENNINGS</u> ADDRESS <u>DEXTER #3</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchopneumonia</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>Senility</u>	
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) <u>491X</u>	
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>Feb. 26</u> , 19 <u>50</u> , to <u>May 30</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>May 30</u> , 19 <u>52</u> , and that death occurred at <u>3:00</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>F. O. Kelley D O</u> (Degree or title)		23b. ADDRESS <u>Berrie Mo.</u>	
23c. DATE SIGNED <u>6-2-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoddard</u>	
24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. H. Tucker</u> ADDRESS <u>Berrie</u>	
DATE REC'D BY LOCAL REG. <u>6-9-52</u>		REGISTRAR'S SIGNATURE <u>Walter V. Jenkins</u> 409-1	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.