

STANDARD CERTIFICATE OF DEATH

State File No. **7948**

FILED MAR 20 1957

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5214** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville-rural		c. CITY OR TOWN Pleasant Hill d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) R.F.D. # 1 (Pleasant Hill Twp.)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION F.D. # 2 (Camp Branch Twp.)			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Robert c. (Last) Jennings			4. DATE OF DEATH (Month) (Day) (Year) 3 8 57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 6, 1898	9. AGE (in years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and State or Foreign Country) Fancy Hill, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Jennings	13b. MOTHER'S MAIDEN NAME Bessie Bahre	14. NAME OF HUSBAND OR WIFE Mrs. Eva Jennings
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-16-3159	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Jennings Pleasant Hill, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		DUPLICATE (b) arterio-sclerosis		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) stroke change.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Berard Jander, D.O. (Cass)	23b. ADDRESS Pleasant Hill, Mo	23c. DATE SIGNED 2/10/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/11/57	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Greenwood, Missouri
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DATE REC'D BY LOCAL REG. March 12, 1957	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brownfield-Stanley Pleasant Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed..... *Raymond A. Stanley*

Licensed Embalmer No... *5008*

P. O. Address *Pleasant Hill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.