

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15976
STATE FILE NUMBER

FILED APR 16 1957

Registration District No. 362 Primary Registration District No. 623K Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WARREN	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Wright city R 2 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN WRIGHT CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b 3yrs.		d. STREET ADDRESS (If outside, give location) R. R. #2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Jesse Jennings First Middle Last			4. DATE OF DEATH April 8 1957 Month Day Year
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1897
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 5 Days 22 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric	11. BIRTHPLACE (City and state or country) Topeka, Kan.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Sam Jennings	
14. MOTHER'S MAIDEN NAME Chaney Ransom		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #1	
16. SOCIAL SECURITY NO. 491-12-5924A		17. INFORMANT Clara B. Jennings Address Wright City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Choking On Calumet Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH Smoker
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 4201		20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Wagon	
20f. CITY, TOWN, OR LOCATION Warren COUNTY Warren STATE Mo		21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3:25 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Dr. F. H. Knigge (Degree or title)		22b. ADDRESS Warren	
22c. DATE SIGNED Apr 8 1957		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE April 12, 1957		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		24. FUNERAL DIRECTOR J. H. RANDLE & SON ADDRESS 3133 Bell Ave.	
25. DATE RECD. BY LOCAL REG. 4-16-57.		26. REGISTRAR'S SIGNATURE Blayne H. Bridges	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Not from general

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAY 13 1957

JUL 18 1957

APR 22 1957

JUL 25 1957

JUL 23 1957

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 *Charles H. Harris*

Licensed Embalmer No. *443*

P. O. Address *4181 Wash*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.