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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35087

Registration District No. 349

Primary Registration District No. 5500

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Springfield Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RFD # 1, Calhoun, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67 Years / (Specify whether years, months or days)

In this community 67 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm. Cheiver Jennings

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mollie Journey Jennings

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8 1874
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>67</u>	<u>2</u>	<u>6</u>	hr. _____ min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Jefferson Jennings

13. Birthplace unknown / unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bradley

15. Birthplace unknown / unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loyd Parks

(b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof 9-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery, Henry County, Mo.

18. (a) Signature of funeral director Windsor, Missouri

(b) Address _____

19. (a) Oct 10 1941 (b) Mrs. Edith J. Dineford
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 042

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1, Calhoun 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14
year 1941 hour 4:00 P M minute _____ M.

21. I hereby certify that I attended the deceased from Sept 24 to Sept 14 1941
that I last saw him alive on Sept 14 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (left side) Duration 3 weeks

Due to _____

Due to _____

Other conditions Hypertension 1 yr
(Include pregnancy within 6 months of death)

Major findings: 8301

* Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 9-16-41

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1283

Date Filed 11-4-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edw. M. Kuster

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.