

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41202**

FILED JAN 11 1943

Registration District No. **5685**

Primary Registration District No. **5685**

Registrar's No. **76**

1. PLACE OF DEATH:

- (a) County **Linn**
(b) City or town **Browning Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution **Lifetime** (Specify whether

In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married/
divorced **married**

6. (b) Name of husband or wife **Bertha Jennings** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 18 1884** (Month) (Day) (Year)

8. AGE: Years **58** Months **4** Days **18** If less than one day hr. min.

9. Birthplace **Cora Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **David V. Jennings**

13. Birthplace **Linn Co. Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Butler**

15. Birthplace **William Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. C. Jennings**

- (b) Address **Browning Mo.**

17. (a) **Burial** (b) Date thereof **Dec 8, 1942** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Louis Valley Linn Co. Mo.**

18. (a) Signature of funeral director **W. H. Edwards**

- (b) Address **W. H. Edwards**

19. (a) **12-8-42** (b) **W. H. Edwards** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Linn**
(c) City or town **Browning Rural**
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **6**
year **1942** hour **11** minutes **00 a.** M.

21. I hereby certify that I attended the deceased from

- June 1942** to **Dec 6** 19**42**
the last saw him alive on **Dec 3** 19**42**

and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary insufficiency
angina pectoris**

Due to

Due to **94a**

Other conditions.
(Include pregnancy within 3 months of death)

Hypertension

Major findings
Of operations

Of autopsy

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

23. Signature **F. R. Mearns** (M. D. or other)

- Address **Browning Mo** Date signed **Dec 8, 1942**

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank D. Schone

Licensed Embalmer No.

2016

P. O. Address

Wilan, W.

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.