

FILED AUG 10 1948

Registration District No. 797

Primary Registration District No. 4218

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether)
 In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Route #v4, Windsor
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Charles Wallace Jennings

3. (b) If veteran name war W W II
 3. (c) Social Security No. 486 03 6571

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Vernon Wharton Jennings
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased September 3, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 10 26 hr. min.

9. Birthplace Windsor Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Chicken Sexer

11. Industry or business

MOTHER FATHER
 12. Name R. J. Jennings
 13. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Pearl Bradley
 15. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wallace Jennings
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turley
 (b) Address Windsor, Missouri

19. (a) 8-2-1948 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1948 hour 7 minute 50 a. M.
 21. I hereby certify that I attended the deceased from July 25
1948 to July 27, 1948.
 that I last saw him alive on July 26, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma
 Due to Diabetes mellitus
 Other conditions within 3 months of death

Duration

40 hrs

10 yrs

Major findings:
 Of operations 61
 Of autopsy

PHYSICIAN

Underline the cause of 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?

(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 Ray B. Jordan (M. D. or other)

Address Windsor Mo Date signed 7-27-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 7-48-907

Date Filed 8-2-48

AUG 12 1948

RECEIVED
AUG 29 1948

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

William M. Surral, Registered Apprentice No. 470
working under my personal supervision.

Signed Edwin Kerston

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.