MAY 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: — File No.: 15790
Township: Washington — Primary Registration District No.: — Registered No.: 495
City: St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Walter B. Jennings
(a) Residence, No. 1013 N. 13th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nora Jennings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 16, 1894
7. AGE: Years 42 — Months 6 — Days 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: College Hill Cleaners
10. Date deceased last worked at this occupation (month and year): 4-22-37
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hiawatha, Kan.

FATHER
13. NAME: Charles Jennings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Mo.

MOTHER
15. MAIDEN NAME: Mary Snooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dayton Ohio

17. INFORMANT (ADDRESS): Mrs. Nora Jennings, 1013 N. 13th St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: April 26, 1937
19. UNDERTAKER (ADDRESS): Fleeman and Son Inc. 1946 Calhoun St. Joseph Mo
20. FILED: 4/26, 1937 H. J. Heilbrod Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24th, 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1937, to Apr 24, 1937
I last saw him alive on Apr 24, 1937 Death is said to have occurred on the date stated above, at 10.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor pneumonia	Apr 20
Other contributory causes of importance: Neph. Acute	Apr ?

Name of operation: None Date of
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank Hanlegair, M. D.
(Address) Kindpalmer Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 3 1947