

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

24744
Do not use this space.

AUG 7 1939

1. PLACE OF DEATH

(a) County... JACKSON 2 Registration District No. 399

(b) Township... KAW Primary Registration District No. 1002 Registered No. 2957

(c) City... KANSAS CITY 1 (d) Street No. 4032 COLLEGE AVENUE St.

(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. ROSE A JENNINGS M^cCULLOCH

(a) Residence, No. 4032 COLLEGE AVENUE St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF WILLIAM T M^cCULLOCH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 27 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>4</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) HIGGINSVILLE
(STATE OR COUNTRY) MISSOURI

FATHER

13. NAME JAMES J JENNINGS

14. BIRTHPLACE (CITY OR TOWN) LAFAYETTE COUNTY
(STATE OR COUNTRY) MISSOURI 0

MOTHER

15. MAIDEN NAME NANCY ROSE 0

16. BIRTHPLACE (CITY OR TOWN) LAFAYETTE COUNTY
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. IRA M REED
(ADDRESS) 4032 COLLEGE AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT MORIAH DATE JULY 21 1939

19. FUNERAL DIRECTOR (NAME) DW. NEWCOMER'S SONS
(ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED July 21, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 19 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15 1939 to July 19 1939

I last saw him alive on July 18 1939 Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

Seroached Pneumonia

Date of onset 7/16/39

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Other contributory causes of importance:
Artificially obtained Ch. Strychnine poisoning - ch. myocardial degeneration.

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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) D. B. Brown, M. D.
(Address) 4700 E. 24th St.

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.

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 *A. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *N. C. 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, above space should be left blank.