

BUREAU OF THE CENSUS
FILED JUL 17 1942

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2614

1. PLACE OF DEATH

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few minutes
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 703 E 12th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME JENNICH-FRED

8. (b) If veteran name war no 8. (c) Social Security No. no

4. Sex male 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Verna T. 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Nov. 23, 1883
(Month) (Day)

8. AGE: Years 58 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Red Bud Ill (City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business 12 & Charlotte

MOTHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

FATHER { 14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Verna T. Jennich

(b) Address 703 E 12th

17. (a) Burial (b) Date thereof 7-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Culbertson MO

18. (a) Signature of funeral director Suddarth

(b) Address Ke M. M. Brown

19. (a) 7-8-42 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day _____ year 1942 hour 6:51 minute _____ M.

21. I hereby certify that I attended the deceased from 5 July to 7 July 1942 that I last saw him alive on July 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Aorta dilation of heart

Due to acute bronchitis

Due to 1070

Other conditions: _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 _____

23. Signature Dr. Nigro (M. D. or other) _____

Address 525 Argyle Bldg Date signed _____

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

Handwritten signature and illegible text at the top of the page.

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 *[Signature]*
Licensed Embalmer No. 2806
P. O. Address 6900 Transit

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.

R. C. [illegible]