

FILED DEC 17 1943
Registration District No. **1943**

Primary Registration District No. **5572**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural - Prairie Hill**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for the aged
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **4 years**
(Specify whether years, months or days) **43 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2610 E. 58**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **-**

3. (a) PRINT FULL NAME **Jenniel Corley**

3. (b) If veteran, name war **No.**
3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **James Edward** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **July 8 1863**
(Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **9** If less than one day **-** hr. **-** min.

9. Birthplace **Black Hawk Colorado**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business
12. Name **John Jacob Wesar**
13. Birthplace **Ger. 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henry C. Smith**
(b) Address **2610 E. 58 N. C. Mo.**

17. (a) **Burial** (b) Date thereof **11-19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Blackman**
(b) Address **11 E. Mo**

19. (a) **Nov. 18, 1943** (b) **J. H. Schick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17**
year **1943** hour **3:05** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 1**, 19**43** to **Nov. 17**, 19**43**
that I last saw her alive on **11/17**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to **1628**
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
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 **J. W. Greer** (M. D. or other)
Address **Dependence Mo** Date signed **11/19/43**

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.....

H. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

19. 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, fact should be so stated above.