

FILED OCT 21 1944
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2216 Lafayette, Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 1 Month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2216 Lafayette, Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marget E. Jennings

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry W. Jennings

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>11</u>	<u>12</u>	hr. _____ min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter J. Collins

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Susana Cook

15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant P. O. Jennings

(b) Address 2216 Lafayette St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/10/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farson St., St. Joseph, Mo.

19. (a) 10-10-44 (b) Walter J. Pickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th.
year 1944 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct 7
1944 to Oct 9 1944
that I last saw her alive on Oct 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephritis Chronic

Due to _____

Other conditions (include pregnancy within 3 months of death) 131

Major findings:
Of operations _____
Of autopsy _____

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?
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature J. M. Altman (M. D. or other) _____

Address Central Ave. Date signed 10/10/44

Duration

3 days

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1377

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.....

Albert R. Harrington

Licensed Embalmer No.....

3258 Mo.

P. O. Address.....

St. Joseph, 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.