

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 592

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Mo. Methodist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days) 12 days

3. (a) PRINT FULL NAME Ora Zora Jennings

3. (b) If veteran, name war none 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 Ora Jennings 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 15 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 2 hr. min.

9. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Frank Geuter
13. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cora Coffey
15. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Jennings
(b) Address RR Stanberry, Mo.

17. (a) burial (b) Date thereof 5/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanberry, Mo.

18. (a) Signature of funeral director Weston Barber & Cowman
(b) Address St. Joseph, Mo.

19. (a) May 23, 1946 (b) Registrar's signature
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi. North east Stanberry 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from ~~May 19~~ May 5, 1946 to May 19, 1946
that I last saw him alive on May 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary embolism Duration 10 min

Due to Operation for Fibroid tumor 9 days

Due to Fibroid tumor

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Fibroid tumor
Of autopsy none 56 lbs
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature Paul J. Fong (M. D. or other)
Address St. Joseph, Mo. Date signed 5-20-46

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

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, as by

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St. Memphis

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.

1/31/72, 2022