

S. No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27186

FILED SEP 9 1946

State File No. _____

Registration District No. 187

Primary Registration District No. 1002

Registrar's No. 3711

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:
4812 Roanoke Parkway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary E. Jennings

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife John P. Jennings

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

7. Birth date of deceased March 23 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 5 5 hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Charles Stewart

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

14. Maiden name Elizabeth Lewis

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

16. (a) Informant Miss Edith K. Jennings

(b) Address 4812 Roanoke Parkway, K. C., Mo.

17. (a) Burial (b) Date thereof 8-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-29-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4812 Roanoke Parkway K
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1946 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from 8-20
2 1946 to 8-28 1946
that I last saw her alive on August 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis with Myo-cardial failure.

Due to 830

Due to _____

Other conditions Auricular fibrillation
(include pregnancy within 3 months of death)

Cerebral accident.

Major findings: Cerebral accident.

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)

(b) Means of injury _____

23. Signature Paul O. Glass (M. D. or other) _____

Address K. C. Mo. Date signed _____

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

Dr. Paul Platt

Angela Blady

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

J. Clair Sheppard

Licensed Embalmer No.

4179

P. O. Address

K. 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.