

**FILED DEC 31 1946 STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5333

**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:  
2015 1/2 E. 12th. St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 10 years  
years, months or days)

3. (a) PRINT FULL NAME John B. Jennings  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 496-16-3965

4. Sex Male 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lola Jennings  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased April - 9 - 1892  
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 27  
If less than one day  
 hr. \_\_\_\_\_ min.

9. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Vandalia Jennings  
 13. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Williams  
 15. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Jennings Long  
 (b) Address 2010 Prospect, Kansas City, Mo.

17. (a) Burial (b) Date thereof 12/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director E. Sterling Kella  
 (b) Address 1212 Vine St. Kansas City, MO.

19. (a) 12-20-46 (b) E. Geraldine Holman  
(Date received local registrar) (Registrar's signature)

**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. 2015 1/2 E. 12th. St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 16  
 year 1946 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and he stated above.

Immediate cause of death Deputy Coroner  
Broncho pneumonia

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Epilepsy  
(Include pregnancy within 3 months of death)

Major findings: 107  
 Of operations \_\_\_\_\_  
 Of autopsy History & inspection

**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? \_\_\_\_\_

18. (a) Signature of physician A. E. Upsher (Specify type of place) \_\_\_\_\_  
(b) Means of injury  
 While at work \_\_\_\_\_

23. Signature A. E. Upsher (M. D. or other) \_\_\_\_\_  
 Address 2800 Main \_\_\_\_\_

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

4/11/46

**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 *E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas C

**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.**