V. S. No. 2
0M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5076

Registrar's No. 911

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

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: Little Sisters of the Poor, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community 45 years
years, months or days)

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. 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EUGENIA SENNINGER
3. (b) If veteran, name war xx no
3. (c) Social Security No. None
4. Sex Fe 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Sgl 0
6. (b) Name of husband or wife xx
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased January (Month) 19 (Day) 1868 (Year)

8. AGE: Years 80 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Meadville (City, town, or county) Pa. 1 (State or foreign country)
10. Usual occupation Retired Private Tutor
11. Industry or business
FATHER
12. Name Dominic Senninger
13. Birthplace Luxembourg (City, town, or county) X (State or foreign country)
MOTHER
14. Maiden name Jean Claude Ducray
15. Birthplace Paris (City, town, or county) France 5 (State or foreign country)
16. (a) Informant Frank Senninger
(b) Address 3627 Euclid
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison, Kansas
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 2-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th year 1948 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 19 1947 to Feb 26 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	4 wks
Due to: Carcinoma of left Breast c̄ metastasis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no 50
Of autopsy no

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John T. Glennon (M. D. or other) MD
Address 1102 Grand Date signed 2-27-48
K. C. MO.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.