

FILED NOV 19 1948

Registration District No. 146

Primary Registration District No. 5569

Registrar's No. 346

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Raytown (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7000 Raytown Road (Burking Jwp)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXXXX (Specify whether
 In this community 8 1/2 years years, months or days)

3. (a) PRINT FULL NAME Mabel Rozella Jennings

3. (b) If veteran, name war No
 3. (c) Social Security No. 492-28-6175

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence E. Jennings
 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 30 1901
 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 9
 If less than one day hr. _____ min. _____

9. Birthplace Levis Station Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXX

12. Name James R. Matthews

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

14. Maiden name Louella Frances Hill

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

16. (a) Informant C. E. Jennings Hickman

(b) Address 7000 Raytown Rd. R #2 Mills.

17. (a) Burial (b) Date thereof Nov. 11, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director [Signature]
 (b) Address Raytown, Missouri

19. (a) 11-11-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Raytown (Rural) 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7000 Raytown Road 2
 (If rural, give location) 3
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9
 year 48 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from
1945 to NOV 9 1948
 that I last saw her alive on NOV 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF BREAST Duration 4YRS

Due to WITH GENERALIZED METASTASIS

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
 Of operations 0 50
 Of autopsy _____
 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)
 (e) Means of injury 0
 23. Signature [Signature] (M. D. or other) MD
 Address 6241 Broadway St. Kansas Date signed 9-10-48

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, or by.....

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

Signed *Clark Ferguson*.....

Licensed Embalmer No. 3983.....

P. O. Address...Raytown, Missouri.....

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.