

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20661

State File No. 2928

MAILED JUL 5 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

5

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		d. STREET ADDRESS (If rural, give location) 3627 Euclid	

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3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) J.	c. (Last) SENNINGER	4. DATE OF DEATH (Month) (Day) (Year) 6 25 52
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-13-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Clerk		10b. KIND OF BUSINESS OR INDUSTRY Plumb. Supply Co	9. AGE (In years last birthday) 87 8/6
11. BIRTHPLACE (State or foreign country) Meadville, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dominic Senninger	13b. MOTHER'S MAIDEN NAME Jean Claude Ducray	14. NAME OF HUSBAND OR WIFE Catherine Senninger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Emmett Collum, ADDRESS 3627 Euclid

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Steady 20 yr 4550
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19 11:00 A to 6/25 1952, that I last saw the deceased alive on 6/24 1952, and that death occurred at 11:00 A, from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Fogarty (Name or title)	23b. ADDRESS 402 Northmen Bldg No 2	23c. DATE SIGNED 6/27/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-52	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) Kansas City		(State) Mo.

DATE RECD BY LOCAL REG. 6-27-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J W Wagner	ADDRESS K 6 Mo
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Smithman
L0 1207

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. E. 2ND

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.