

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31857

State File No. _____

FILED SEP 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3919

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) 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

3. NAME OF DECEASED
a. (First) LEONA b. (Middle) M. c. (Last) SENNINGER

4. DATE OF DEATH (Month) (Day) (Year)
9 3 52

5. SEX Fe

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH 2-18-1885

9. AGE (In years last birthday) 67

IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home

10b. KIND OF BUSINESS OR INDUSTRY
XX

11. BIRTHPLACE (City and State or Foreign Country)
Atchison, Kansas

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Julius P. Senninger

13b. MOTHER'S MAIDEN NAME
Augustina M. Burnes

14. NAME OF HUSBAND OR WIFE
XX

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 ADDRESS
Mrs. J. Emmett Collum, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia
ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Prob Arterio Sclerosis (Cerebral)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 days
4222
5-10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19 1952, to 9/3/52, 19 , that I last saw the deceased alive on 9/2/52, 19 , and that death occurred at 6:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Fogarty (Degree or title)

23b. ADDRESS 405 North Main St, Kansas City Mo

23c. DATE SIGNED 9/4/52

24a. BURIAL (CREMATION) REMOVAL (Specify)

24b. DATE 9-5-52

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City Mo.

DATE REC'D BY LOCAL REG. 9-4-52

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J W Wagner K C Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

5

840641
-5638 Boston M. W. K.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alvin R. Harnschild

Licensed Embalmer No. 4159

P. O. Address K. E. 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.