

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18734
2588

FILED JUL 1 - 1955

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

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| 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, give RURAL and give township) OR TOWN KANSAS City | | c. LENGTH OF STAY (in this place) 45 years | c. CITY OR TOWN KANSAS City d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL | | STREET ADDRESS (if rural, give location) 5206 OLIVE STREET | |

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| 3. NAME OF DECEASED (Type or Print) ALBERTA C. JENNINGS | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1955 |
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| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCTOBER 30, 1875 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME WILLIAM DELUNG | 13b. MOTHER'S MAIDEN NAME EMMA WILL'S | 14. NAME OF HUSBAND OR WIFE LEWIS R. JENNINGS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME LEWIS R. JENNINGS | ADDRESS 5206 OLIVE, K.C. Mo. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, glandular | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast (removed) carcinoma of lung | | 14 yrs. ago 5 yrs |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pericardial Fibrous Deposit | | 170X 5 mos. |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from **April 26, 1955**, to **June 15, 1955**, that I last saw the deceased alive on **June 14, 1955**, and that death occurred at **3:22 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE P. E. Pearson, M.D. (Degree or title) MD | 23b. ADDRESS 1025 Realt Bldg K. City | 23c. DATE SIGNED 6/15/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JUNE 17 1955 | 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 6-17-55 | REGISTRAR'S SIGNATURE Neva Minshall | 25. FUNERAL DIRECTOR'S SIGNATURE H. H. Newcomer | ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. 498

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.