

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025573

STATE FILE NUMBER

3283

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.		Length of stay in 1b 75 YEARS	d. STREET ADDRESS (If outside, give location) 3516 SUMMIT STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE L. JENNINGS			4. DATE OF DEATH Month Day Year JULY - 1 - 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 11, 1866	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OWNER	10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE CO.	11. BIRTHPLACE (City and state or country) HARRISONVILLE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PATRICK JENNINGS	13b. MOTHER'S MAIDEN NAME MATILDA HACKLER	14. NAME OF HUSBAND OR WIFE LENA MAE JENNINGS
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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. 492-14-5598	17. INFORMANT CLEBURN JENNINGS Address: 592 1/2 BIG BEND WEBSTER GROVE, MO.
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18. CAUSE OF DEATH (Indicate only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of RT hip		INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pneumonia		2 day
	DUE TO (c)		8902%
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell from chair	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 6-21-58 p.m.	June 21 '58 123	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) crest haven nursing home K.C. Mo. Jackson Co.	20f. CITY, TOWN, OR LOCATION KANSAS CITY	COUNTY MO. JACKSON CO.	STATE
21. I attended the deceased from about 1954 to 11/1/58 and last saw her alive on 7/1/58 Death occurred at 7:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) J. J. Farnsworth	22b. ADDRESS 1103 Grand K^o Mo	22c. DATE SIGNED 7/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY-3-1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMET.	23d. LOCATION (City, town, or county) KANSAS CITY	(State) MO
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24. FUNERAL DIRECTOR D. W. NEWCOMER & SONS, KANSAS CITY, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE Neva Minshall
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. J. Farnsworth

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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 W. J. Talon

Licensed Embalmer No. 4401

P. O. Address Kona

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.