

FILED NOV 19 1942  
Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **4176**

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

1. PLACE OF BIRTH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**7419 Holmes St 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **50 yrs -** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7419 Holmes St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Jennie Morling**

(b) If veteran, name war **no** (c) Social Security No. **none**

4. Sex **Female** 5. Color of race **white** 6. (a) Single, widowed, married, divorced **Widow**

(b) Name of husband or wife **Just Morling** alive..... years 6. (c) Age of husband or wife if

7. Birth date of deceased **Aug - 29 1865**  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<b>77</b>	<b>2</b>	<b>9</b>	hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **William agnes**

13. Birthplace **Ind 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rice**

15. Birthplace **Ky 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rayd Swearingen**  
(b) Address **7419 Holmes**

17. (a) **Burial** (b) Date thereof **Nov 11-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt morling**

18. (a) Signature of funeral director **Mr C. L. Foster**

(b) Address **918 - Brooklyn**

19. (a) **11-9-42** (b) **Th. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov 8** day **8**  
year **1942** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Oct. fifth** 19 **42** to **Nov. 8** 19 **42**  
that I last saw her alive on **Nov. 8** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma left breast with lung metastases.**  
Due to.....  
Due to..... **50**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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) (r) Means of injury **8**

23. Signature **E. H. Wilkinson** (M. D. or other) **M.D.**  
Address **1103 Grand Ave** Date signed **11-9-42**

Duration

**1 yr. 2 mo.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

HA 1614  
1332  
p.m.

---

---

**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 Denzil C. Browning  
Licensed Embalmer No. 2724  
P. O. Address H. 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 this body is not embalmed, fact should be so stated above.