

FILED JUN 24 1943 149

Registration District No. ....

Primary Registration District No. ....

1002

Registrar's No. ....

2548

1. PLACE OF DEATH:  
 (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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 days (Specify whether  
 In this community 45 years  
years, months or days)

3. (a) PRINT JULIUS P. SENNINGER  
 FULL NAME

3. (b) If veteran, No name war. 3. (c) Social Security None No.

4. Sex Male 5. Color or Wh race 6. (a) Single, widowed, married, Married  
 divorced

6. (b) Name of husband or wife Gussie Byrnes Senninger 6. (c) Age of husband or wife if 49  
 alive years

7. Birth date of deceased July 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 10 26 hr. min.

9. Birthplace Meadville Pa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Coal Merchant

12. Name Dominic Senninger

13. Birthplace Luxembourg  
(City, town, or country) (State or foreign country)

14. Maiden name Seanclaude Dueray

15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Emmett Collum

(b) Address 3627 Euclid

17. (a) Burial (b) Date thereof 6-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-4-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 3625 Euclid  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
 year 1943 hour 1: minute 30 A. M.

21. I hereby certify that I attended the deceased from April 21, 1943, to June 3, 1943  
 that I last saw him alive on June 2, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Hypostatic Pneumonia 7 days  
Fracture of R. Hip 43 days

Due to 186 W / 10  
 Other conditions 10  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence April 21-43 1943  
 (c) Where did injury occur? Bed this hour  
(City or town) (County) (State)  
M. C. Jackson Co. Mo.  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? fall (e) Means of injury  
 23. Signature R. L. St. Clair (M. D. or other)  
 Address 524 2 St. John Date signed.....

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

MOTHER, FATHER

5242 St. John  
B.E. 0141

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. B. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.**