

FILED DEC 22 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution Union Station
(d) Length of stay: In hospital or institution 3
In this community 1 hr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C. (d) Street No. Union Station
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Schuyler C. Jennings

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, separated 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 2, 1869
8. AGE: Years 75 Months X Days 11

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

10. Usual occupation Farmer

11. Industry or business

12. Name S. C. Jennings
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant W. S. Jennings

(b) Address Greenbelt Dept

17. (a) removed (b) Date thereof 12-15-44
(c) Place: burial or cremation

18. (a) Signature of funeral director R. E. Brown

(b) Address R. E. Brown

19. (a) 12-15-44 (b) T. E. Brown (18)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1944 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Inspection & History

Of operations

Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James C. Melby (M. D. or other)

Address 1424 Poplar Ridge Date signed 12-13-44

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

48
3
8

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Francis Walton..... Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. P. Leguina*.....
Licensed Embalmer No. *2744*
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 this body is not embalmed, fact should be so stated above.