50939

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

'78 JUN 28 AM 11 56

Vol. M78 Page 14035

Local File Number 78-536

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First Eda	Middle Mary	Last JENNINGS	DATE OF DEATH (month, day, year): 2 June 7, 1978
RACE (White, Black, American Indian, etc.)(specify): 3 White	SEX: 4 Female	AGE—Last birthday (years): 5a 69	DATE OF BIRTH (month, day, year): 6 January 1, 1909
COUNTY OF DEATH: 7a Jackson	CITY, TOWN OR LOCATION OF DEATH: 7b Medford	Under 1 year: mos / days; Under 1 day: hours / min: 5b / 5c	
STATE OF BIRTH (If not in U.S.A., name country): 8 California	CITIZEN OF WHAT COUNTRY: 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married	SPOUSE (IF MARRIED, WIDOWED): 11 George Jennings
SOCIAL SECURITY NUMBER: 13 544-20-7044	USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Homemaker	KIND OF BUSINESS OR INDUSTRY: 14b	
RESIDENCE—STATE: 15a Oregon	COUNTY: 15b Klamath	CITY, TOWN, OR LOCATION: 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP: 15d 426 McLean 97601
FATHER—NAME first middle last: 16 Myrtal Knauss	MOTHER—Maiden Name first middle last: 17 Ada Tilton		Inside City Limits (specify yes or no): 15e
BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial	CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Memorial Park		INFORMANT—NAME and relationship to deceased: 18 George Jennings Husband
FUNERAL SERVICE LICENSEE or person Acting As Such [Signature]: 20a Ernest O'Moore	NAME AND ADDRESS OF FACILITY: 20b Conger-Morris, 715 West Main, Medford, Oregon 97501		LOCATION city or town state: 19c Klamath Falls, Oregon

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Yale Sacks MD — DATE SIGNED (Mo., Day, Yr.): 21b 6/12/78 — HOUR OF DEATH: 21c 10:50 AM

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Yale Sacks, MD 691 Murphy Road, Medford OR 97501

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a JUN 13 1978

REGISTRAR [Signature]: [illegible]

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

PART I
(a) Respiratory Arrest — Immed
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acidosis — 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cancer of [illegible] — 2 wks

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to PART I (a)

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	AUTOPSY [Specify Yes or No]	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
26a NO	26b	26c	24 NO	25 [Specify Yes or No] NO
INJURY AT WORK [Specify Yes or No] 26e NO	PLACE OF INJURY—At home, farm, street, factory, office building, etc.[Specify] 26f	DESCRIBE HOW INJURY OCCURRED 26d		

26g STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

KLAMATH COUNTY OREGON

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

VS-2 Rev-1-78 P-65412

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

DATE JUN 15 1978 (SEAL) BY: Beverly Gordon

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

clk 3.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of June A.D., 19 78 at 11:56 o'clock A M., and duly recorded in Vol. M78, of Deeds on Page 14035.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha N Leitch Deputy