

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20915
Do not use this space.
2532

1. PLACE OF DEATH

(a) County Jackson
(b) Township Raw
(c) City Kansas City, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds. 552

Registration District No. 399
Primary Registration District No. 1002 Registered No. 2532
(d) Street No. Moore Hospital St. Moore Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Pennington
(a) Residence, No. 2737 Cleveland, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Nebraska

FATHER 13. NAME Walter Pennington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Margaret Charles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Walter Pennington 2737 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mission High DATE 6-28-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. K. 1216

20. FILED June 21, 1940 M. M. Groome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1940 to June 20, 1940
I last saw him alive on June 20, 1940 Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:

Staphylococcus Septicemia
Multiph. abscess of myocardium
Pericarditis
Other contributory causes of importance: Osteomyelitis humeri
Date of onset 154

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. B. K. M. D.
(Address) 1216 Prof Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.