

FILED OCT 10 1941

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1409 Angelique
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community **About 40 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1409 Angelique**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **22**
year **1941** hour **2** minute _____ A.M.

21. I hereby certify that I attended the deceased from **July 19 1941 to Sep 2 1941**
that I last saw him alive on **Sep 2 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphatic Leukemia**
Due to _____

Duration

YMO

Other conditions _____
(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) _____
(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) (e) Means of injury _____
23. Signature **J. M. Allaman** (M. D. or other) **md**
Address **St. Joseph** Date signed **9-23-41**

3. (a) PRINT FULL NAME **Robert Henry Pennington**

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

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

6. (b) Name of husband or wife **Cora** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased. **6 - 4 - 1888**
(Month) (Day) (Year)

8. AGE: Years **53** Months **3** Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Chauffeur**

11. Industry or business **Private Family**

12. Name **Frank Pennington**

13. Birthplace **?** **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Griffin**

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

16. (a) Informant **Cora Lee Pennington**

(b) Address **1409 Angelique**

17. (a) **Burial** (b) Date thereof **9-24-'41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cem.**

18. (a) Signature of funeral director **Graves**

(b) Address **806 S. 17th**

19. (a) **Sep 24 1941** (b) **J. M. Allaman**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

02/18/18
...

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 ME

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

Signed A. I. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, 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.