

FILED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
2632 E-8th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Alfred M. Penland

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct-3-1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Bucumb Co. North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business _____

12. Name Alfred M. Penland

13. Birthplace Bucumb Co. N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C. Lewis

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

16. (a) Informant J. A. Penland

(b) Address Weaver'sville N.C.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-14-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Asheville North Carolina

18. (a) Signature of funeral director M. E. L. Feister

(b) Address A. P. Mo

19. (a) 7-14-43 (Date received local registrar) (b) J. E. Brown (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. 2632 E-8th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 13
year 1943 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 20-1943
to July 13-1943
that I last saw him alive on July 10-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 mo

Due to Arterio-sclerosis yrs-

Due to _____

Other conditions 940
(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. B. Wallace (M. D. certifier)
Address 703 Lathrop Bldg Date signed 7-14-43

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

MOTHER FATHER

*10 x 12 1/2
1-5
Haw
Haw 7051*

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 *Theron R. Redman*.....

Licensed Embalmer No. *2737*.....

P. O. Address *H. L. me*.....

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.