V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1945

Registration District No. 78

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5289

State File No. 16635

Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural (Gallatin Tp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Kansas City #8
(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: 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North Kansas City Mo #8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Frank Guy Pennewill
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: Wht
6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married
6. (b) Name of husband or wife: Bertha Pennewill
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Nov (Month) 29 (Day) 1860 (Year)

8. AGE: Years 84 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Laurance (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Auditor
11. Industry or business: Retired
FATHER
12. Name: Un Known
13. Birthplace (City, town, or county) ..... (State or foreign country) 9
MOTHER
14. Maiden name: Un Known
15. Birthplace (City, town, or county) ..... (State or foreign country) 9
16. (a) Informant: Bertha Pennewill
(b) Address: North Kansas City #8
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation: St Joseph Mt. Memorial
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: North Kansas City — Mo
19. (a) May 10-1945 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1945 hour 4 minute ..... P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw alive on ..... and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration
Due to: .....
Due to: History
Other conditions (Include pregnancy within 3 months of death): 20 00
Major findings: Of operations: Coroners Case
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? ..... (Specify type of place)
While at work ..... (e) Means of injury: Coroners
23. Signature: John F. Morton (M. D. or other)
Address: 100 N Cedar Date signed: 8/1/45

162 (Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 6/22/45

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 John S Morton

Licensed Embalmer No. 4349

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, fact should be so stated above.