V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23752

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3234

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: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 PACIFIC 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME FRANK PENNINGTON

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Rosie Pennington
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 17, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	9	6	hr. min.

9. Birthplace Tyler (City, town, or county) TEXAS 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Rosie Pennington (Wife)
(b) Address 1316 Pacific

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Avenue

19. (a) 7-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23, year 1946 hour 5: minute 20 A. M.

21. I hereby certify that I attended the deceased from JULY 19, 1946, to JULY 23, 1946 that I last saw him alive on JULY 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis with cavity formation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 13 b

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Frank Eeiz (M. D. or other)
Address Gen. Hosp. #2 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 L. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.