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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1276

Primary Registration District No. 1002

Registrar's No. 395

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~~: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ JAN 21-1947
In this community (Specify whether years, months or days): 25 YEARS

2. USUAL RESIDENCE OF DEASCED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. ELLISON APT HOTEL 300 W. ARMOUR
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: ENGLAND

3. (a) PRINT FULL NAME: FREDERICK M. PENNISTON
3. (b) If veteran, name war: NO
3. (c) Social Security No. 499-07-6001
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of ~~husband or wife~~: MRS. FLORA PENNISTON
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: OCT. (Month) 14 (Day) 1878 (Year)
8. AGE: Years 68 Months X3 Days ~~22~~ 12 If less than one day ____ hr. ____ min.
9. Birthplace: LONDON (City, town, or county) ENGLAND (State or foreign country)
10. Usual occupation: BOOK KEEPER
11. Industry or business: HAWKINSON REAL ESTATE CO
12. FATHER Name: UNKNOWN PENNISTON
13. FATHER Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: UNKNOWN
15. MOTHER Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. FLORA PENNISTON
(b) Address: ELLISON APT. HOTEL · 300 W. ARMOUR
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: JAN. 28. 1947 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation: D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director: D.W. Newcomer's Sons
(b) Address: 1401 · BRUSH CREEK BLVD.
19. (a) 1-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY Day 26th year 1947 hour 8 minute 12 P.M.
21. I hereby certify that I attended the deceased from July 8 1944 to Jan 26 1947 that I last saw him alive on Jan 26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	5 days
Due to: arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): DM	

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? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: J. L. Hoffman M.D. (M. D. or other)
Address: 40 Eighth Bldg Date signed 1/27/47

(Licensed Embalmer's Statement on Reverse Side)

408 [redacted] Bldg.
1-4 [illegible]

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 John E. Fraking, Registered Apprentice No. applied for, working under my personal supervision.

Signed E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.