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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20564

Registrar's No. 3502

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(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 3 days (Specify whether years, months or days)

In this community 3 days

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. 2815 Linwood Boulevard
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

5. (a) PRINT FULL NAME Alona Dale PENRY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

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 August (Month) 22, (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Forest Penry

13. Birthplace ---- (City, town, or county) Iowa (State or foreign country)

14. Maiden name Evelyn Sungren

15. Birthplace ---- (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr. Forest Penry

(b) Address 2815 Linwood Blvd., K.C., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 8-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25 year 48 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from August 27, 1948 to August 25, 1948 that I last saw her alive on August 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Sclerema Adeposum Neonatorum

Due to unknown

Due to

Other conditions (Includes pregnancy within 3 months of death) None

Major findings:
Of operations

Of autopsy Sclerema Adeposum Neonatorum

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 [illegible] (M. D. or other) MD

Address [illegible] Date signed 8-26-48

(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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Kan

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.