

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9893

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Lakeside Hospital)

File No.
Registered No. 1358
St. Ward)

2. FULL NAME Ernie J. Penny

(a) Residence, No. Baschal Kansas Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Penny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Baschal
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Albert H. Elling

14. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cara Way

16. BIRTHPLACE (CITY OR TOWN) Windsorville County
(STATE OR COUNTRY) Kansas

17. INFORMANT J. J. Penny
(ADDRESS) Baschal, Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baschal Kansas DATE Mar 29 1938

19. UNDERTAKER R A Fulton
(ADDRESS) N. Clayton

20. FILED March 29, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1938, to Mar. 27, 1938

I last saw her alive on Mar. 27, 1938. Death is said

to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
bilateral
Date of onset 3-20-38

Other contributory causes of importance:
myocarditis, Chronic 2 yrs

Name of operation none Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Harvey E. Schoen M. D.
(Address) 243 W. Kirby Bldg
Kansas City, Mo

