

REC'D JUN 9 1938

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

17178

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City (d) Street No. 2722 askew Registered No. 1875
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Maggie Pennington 557
(a) Residence, No. 2722 askew St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. S. Pennington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1869
7. AGE YEARS 68 MONTHS 9 DAYS 6 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
FATHER 13. NAME T. E. Albee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
MOTHER 15. MAIDEN NAME Sally Ann Benson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT Edward C. Beck
(ADDRESS) 2722 askew
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pl. DATE May 4, 1938
19. FUNERAL DIRECTOR (NAME) Dwight Coleman's Sons
(ADDRESS) Bushcreek & Passes
20. FILED May 4, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11:22 - 1937, to 5/2 - 1938
I last saw her alive on 4/29, 1938 Death to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma - Rectum
uterus
Primary. Rectum
Other contributory causes of importance: 46
Date of onset
Name of operation 2 Date of
What test confirmed diagnosis? V Was there an autopsy? no
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) J. M. Cannon, M. D.
(Address) 788 S. Broadway

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

3850 B Road
Wm 6493

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7-5-

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 Neil Carr
Licensed Embalmer No. 3976

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, above space should be left blank.