

REC'D MAR 20 1939

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

6794

Do not use this space.

1. PLACE OF DEATH

 (a) County Jackson Registration District No. 404
 (b) Township Washington Primary Registration District No. 5558 Registered No. 12
 (c) City Kansas City, Mo. (d) Street No. 207 W. 77 Terrace St. _____
 (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

Margueritta Mary Pennington
 (a) Residence, No. 207 W 77 Terrace St. K.C. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 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 James E. Pennington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 - 1906
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 3 24

 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.
 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 Robert E. Hayes

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Santa Fe Missouri

 MOTHER 15. MAIDEN NAME Louise Clark

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

 17. INFORMANT (ADDRESS) James E. Pennington
207 W. 77 Terrace

 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 6 1939

 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons
3811 Broadway

 20. FILED 3-9- 1939 - R. V. Lindsey & Sons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1939, to March 2 1939

 I last saw her alive on March 2 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onsetlobar 10/27/39

Other contributory causes of importance:

Heart Failure

Name of operation _____ Date of _____

What test confirmed diagnosis lab 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? _____

If so, specify _____

(Signed) Dr. J. Lester Hall366 (Address) 7406 Wornall Rd
K.C. Mo.

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.....

Licensed Embalmer No.....

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.