DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38476

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4240

1. PLACE OF DEATH: 2

(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: 6108 St. John Ave., K. C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Mo. (b) County: Jackson

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 6108 St. John Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: Henry Franklin Pennington 552

3. (b) If veteran, name war: No

3. (c) Social Security No.: 486-07-6236

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: No

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: 10/15/1905 (Month) (Day) (Year)

8. AGE: Years 34 | Months 0 | Days 21 | If less than one day: hr. min.

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

10. Usual occupation: Unemployed

11. Industry or business: No

MOTHER FATHER

12. Name: Thomas A. Pennington

13. Birthplace: Indiana (City, town, or county) (State or foreign country)

14. Maiden name: Melissa Branson

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Melissa Pennington

(b) Address: 6108 St. John Ave., K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov 7-1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Linn, Mo.

18. (a) Signature of funeral director: John P. Sheil

(b) Address: 6606 Indep. Ave., K. C. Mo.

19. (a) Nov 6 1939 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 6th year: 1939 hour: 6 minute: 0 A. M.

21. I hereby certify that I attended the deceased from Nov 6 1939; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema

Due to: Diet Sleepers

Due to: Hypertensive Myocarditis

Due to: Rheumatic Endocarditis

Other conditions (Include pregnancy within 3 months of death): 9/20

Major findings: Of operations:

Of autopsy: Above

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: Russell W. Lee (M. D. or other)

Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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Rev. 5-17-39
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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. 3625

P. O. Address Kansas City Mo

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.