

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.

Registration District No. 399

Primary Registration District No. 1002

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: Kansas City Municipal Tuberculosis Dept  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year 2 mo 4 da  
In this community 14 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Harold Pennington

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex male 5. Color of race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased March 27 1924  
(Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 4 If less than one day hr. ✓ min.

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

10. Usual occupation School boy

11. Industry or business ✓

MOTHER FATHER { 12. Name Ollie N. Pennington

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

14. Maiden name Leaverman  
(City, town, or county) (State or foreign country)

15. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature K.C.M.J. B. Hoapt  
(b) Address Leeds Station

17. (a) burial (b) Date thereof 9/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem. K.C.M.  
18. (a) Signature of funeral director Jackins Bros.  
(b) Address 1729 Lydia

19. (a) Sept. 3, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1119 Gerfield  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31<sup>st</sup>  
year 1940 hour Four minute 10 A.M.

21. I hereby certify that I attended the deceased from June 27,  
1940, to Aug. 31, 1940  
that I last saw him alive on Aug. 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death San advanced  
bilateral pulmonary tuberculosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN 73  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury 1  
23. Signature [Signature] (M. D. or other) [Signature]  
Address \_\_\_\_\_ Date signed 9/2/40

**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

*Isaac Jerome Manlow*

Licensed Embalmer No.

*3994*

P. O. Address

*11206 23rd St*

**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.**