

FILED MAY 14 1942

State File No. 1787

Registration District No. 397

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-19-42-5-3-42
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1305 Michigan
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME AMY PENSTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. June 27 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 48 10 56 hr. min.

9. Birthplace Pine Bluff Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Richard Hobbs

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

14. Maiden name Mary

15. Birthplace Baton Rouge
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Removal (b) Date thereof May 5, '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Alice Bailey

(b) Address 2065 N. 5th St., K.C.

19. (a) 5-6-42 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from February 19 1942 to May 3 1942
that I last saw her alive on May 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
with Encephalomalacia

Due to Arteriosclerotic type heart disease

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

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy Same as Above.

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? C-K

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. C. Thomas (M. D. or other)
Address Law, Nag #12-6906 St Date signed 5-5-42

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

MOTHER FATHER

11/19/92

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 W. G. Flynn
Licensed Embalmer No. 2211
P. O. Address 1819 E. 15th Kew

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, fact should be so stated above.