

Registration District No. 399 Primary Registration District No. 1002

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:  
306 West 39th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 8 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Jackson 48  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 306 West 39th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene Pennington  
3. (b) If veteran, name war Span. Amer. War 3. (c) Social Security No. 495-10-9078

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eulah Pennington 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased May 18 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Platte County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Martin Pennington  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Davis  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eulah Pennington  
(b) Address 306 West 39th Street

17. (a) Burial (b) Date thereof 6/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dearborn, Missouri

18. (a) Signature of funeral director R. V. Lindsey & Sons  
(b) Address 3811 Broadway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 hour 42 minute 59 M.  
1942

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Pulmonary Edema  
Due to Hypertensive Nephroses  
Due to Cor Sclerosum

Other conditions (Include pregnancy within 3 months of death) 935

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

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) (e) Means of injury 0

23. Signature Russell W. Jones (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
INDEXED JUL 8 1942

1942

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

*Jean H. Stewart*

Licensed Embalmer No. *4177*

P. O. Address *Hammond 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, fact should be so stated above.