

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

FILED MAR 20 1943

Registration District No. 149

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:
2019 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 11 Mo. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Eddie Hall Pannell Jr.

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 16, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 11 12 hr. min.

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

10. Usual occupation Child

MOTHER FATHER

11. Industry or business

12. Name Eddie Hall Pannell

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

14. Maiden name Opal Viola Norris

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

16. (a) Informant Eddie Hall Pannell

(b) Address 2019 Jefferson

17. (a) Burial (b) Date thereof 3/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director State Funeral Home

(b) Address 1901 Olathe Blvd. K. O. Kans.

19. (a) 3-10-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 2019 Jefferson
(If rural, give location)
(e) Citizen of foreign country No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
to
that I last saw h. Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho pneumonia

Due to

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

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)

23. Signature A. E. Usher (M. D. or other)
Address 23rd Merlay Date signed 3/9/43

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, fact should be so stated above.