

FILED FEB 10 1944
Registration District No. 179

Primary Registration District No. 1002

State File No. _____
Registrar's No. 328

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:
19 West 62nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
years, months or days) 47 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Luther C. Pensinger

3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

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

6. (b) Name of husband or wife Laura Pensinger 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 21 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 29 hr. min.

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

10. Usual occupation Manufacturing Agent

11. Industry or business Pensinger & Sons,

12. Name Luther C. Pensinger,

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

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

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

16. (a) Informant Mrs. Laura Pensinger,

(b) Address 19 W. 62nd St., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City Mo.

19. (a) Jan 20, 1944 (Date received local registrar) (b) J. E. Brown (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. 19 West 62nd Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th
year 1944 hour _____ minute _____ a. M.

21. I hereby certify that I attended the deceased from Aug 2nd 1943 to Jan 19th 1944
that I last saw h. alive on Jan 19th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
dx Myocardiosis Duration 6 mos

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____
93d

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?

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

3. Signature James P. Smith (M. D. or other) _____

Address 618 Prof. Bldg. K.C. Mo. Date signed 1/19/44

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

6671

Dr. J. D. Smith,

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

John H. Hurley

Licensed Embalmer No.

4055

P. O. Address

Kearney, 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.