S. No. 2
d—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20758

State File No. 20758

FILED JUL 8 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2713

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 #2 (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution: 1 hr. (Specify whether years, months or days)

In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 1008 Vine (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Reginald Penn

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Hattie Penn

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

7. Birth date of deceased: August 11, 1882 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 14 If less than one day hr. min.

9. Birthplace: New Augusta (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Samuel Penn

FATHER 13. Birthplace: 9 (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name: Ella

MOTHER 15. Birthplace: 9 (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: O. R. Penn

(b) Address: 1008 Vine

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 6/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation: New Augusta, Ark.

18. (a) Signature of funeral director: Hatkins Bros.

(b) Address: 1729 Lydia

19. (a) 6-29-44 (Date received local registrar) (b) R. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1944 hour 1:00 minute a. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..; that I last saw him alive on, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide	
Gun shot wound of	
Due to: Left Chest thru Heart	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 164 C	
Major findings: Of operations:	
Of autopsy: See above	

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): Suicide

(b) Date of occurrence: 6-25-44

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury: Fire arms

23. Signature: L. Richardson (M.D. or other)

Address: 1833 Vine Date signed 6-26-44

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.