

FILED OCT 24 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3950

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

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:
3310 Montgall
(If not in hospital or institution, write street number or location)

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

In this community 12 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George S. Pentecost

3. (b) If veteran, name war No

3. (c) Social Security No. 4956006-7948

4. Sex Male 0. 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora M. Pentecost

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct. 12 1872
(Month) (Day) (Year)

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

71 11 18 16 hr. min.

9. Birthplace Mt. Vernon Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Floral Hills Cemetery

Name Archer Pentecost

13. Birthplace Mt. Vernon Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Virginia Thomas

15. Birthplace Mt. Vernon Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Cora M. Pentecost

(b) Address 3310 Montgall

17. (a) Burial (b) Date thereof 10-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 10-2-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3310 Montgall
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country TI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1944 hour 30 P. M.

21. I hereby certify that I attended the deceased from Sept 28 1944 to Sept 30 1944
that I last saw him alive on Sept 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to 94w

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations

Of autopsy

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) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature George Lee (M. D. or other)
Address 1630 Pray Bldg Date signed 10/2/44

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 Walter H. Ercum

Licensed Embalmer No. 4352

P. O. Address Manassas 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.

*9/12/57
Mr. H. H. & Family
1650 Prof. Bldg*