

FILED MAR 19 1945

Registration District No. **197**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3930 Barton Blvd!
(If not in hospital or institution, write street number or location)

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

In this community 60 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MEYER A. PENEBEIM

3. (b) If veteran, name war _____

3. (c) Social Security No. 446-9-0232

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid.

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>67</u>				hr. _____ min. _____

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

10. Usual occupation Real Estate

11. Industry or business _____

12. Name A. Penebheim

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

14. Maiden name Mora Wise

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

16. (a) Informant W. Zheer

(b) Address 608 W 57th City

17. (a) Burial (b) Date thereof 3/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elnwood Cem.

18. (a) Signature of funeral director Carroll Warden

(b) Address 3024 Transit

19. (a) 3-3-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. 3930 Barton Blvd!
(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 2
year 1945 hour 9:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2/4/45, 19____, to 3/2/45, 19____;
that I last saw him/her alive on 2/27/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Occlusion Duration _____

Due to Coronary arterio-sclerosis

Due to _____

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

Major findings: Of operations 94a

Of autopsy _____

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) (a) Means of injury _____

23. Signature W. Zheer or other _____
Address 608 W 57th City Date signed 3/2/45

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 Julia K. Davida

Licensed Embalmer No. 11868

P. O. Address Kansas 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.