

FILED JUL 23 1945
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH: Hospital

(a) County **Jackson**

(b) City or town **Kansas City, Missouri**
(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)

(d) Length of stay: In hospital or institution **8-29-45 to 7-6-45**
42 years. (Specify whether years, months or days)

In this community **42 years.**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **5336 Agnes** **8**
(If rural, give location)

(e) Citizen of foreign country? **Yes** **0** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **WILLIAM PENN**

3. (b) If veteran, name was **Spanish Amer.**

3. (c) Social Security No. **None.**

4. Sex **Male** **2** 5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Martha Penn.** 6. (c) Age of husband or wife if alive **7** years

7. Birth date of deceased **8** **7** **1878**
(Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **29** If less than one day
hr. min.

9. Birthplace **Shelbyville, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired mail clerk**

11. Industry or business

MOTHER FATHER { 12. Name **Marshall Penn**

13. Birthplace **Shelbyville, Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Callie Gorden**

15. Birthplace **Shelbyville, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records Clerk**

(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **7/13/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem. of Warren Bros.**

18. (a) Signature of funeral director **W. J. ...**

(b) Address **1729 Ky dia**

19. (a) **7-13-45** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**

year **1945** hour **12:43** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 29,**
19**45** to **July 6,** 19**45**
that I last saw him alive on **July 6,** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident**

Duration

Due to **Hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **83a**

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) (e) Means of injury

23. Signature **G. Turner** (M. D. or other)

Address **General Hospital #2** Date signed **7-10-45**

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

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.....

J. Marlowe

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

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.