S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16471

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2297

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: 808 West 59th St. Terr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 89 years
years, months or days)

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. 808 W. 59th St. Terrace 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATE W. PENNINGTON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife A.O.T. Pennington

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

7. Birth date of deceased Oct. 27, 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Meridith G. Ward
13. Birthplace Franklin, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wheeler
15. Birthplace Philadelphia, Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Reavis
(b) Address 808 W. 59th St. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 42nd st. and Broadway

19. (a) 6-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from 2, 1946, to May 30, 1948;
that I last saw her alive on May 29, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Bronchopneumonia	?
Due to Senile Arteriosclerosis	4+ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. Woodson Jr. MD (M. D. or other)
Address Kansas City 6, Mo Date signed 5/30/48

(Licensed Embalmer's Statement on Reverse Side) 730 Professional Bg.

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. Erwin

Licensed Embalmer No. 4352

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.