S. No. 300
M—10-47
ev. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26533
Registrar's No. 3227

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 So Topping
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 1 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 83
(c) City or town Edgerton Junction
(If outside city or town limits, write "RURAL")
(d) Street No. --
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PENNINGTON, Walter H.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Delia Pennington
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 6 (Month) 13 (Day) 1869 (Year)
8. AGE: Years 79 Months 1 Days 24 If less than one day hr. min.
9. Birthplace Big Springs, Kans. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business --
FATHER 12. Name Winfield Scott Pennington
13. Birthplace Pike Co., Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Jane Watson
15. Birthplace Va (City, town, or county) (State or foreign country)
16. (a) Informant Bruce Pennington
(b) Address 315 So Topping
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kans.
18. (a) Signature of funeral director John P. Shiel
(b) Address Kansas City, Mo.
19. (a) 8-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 1948 hour ~~12~~ 3 minute P M.
21. I hereby certify that I attended the deceased from July 26, 1948, to Aug 7, 1948, that I last saw him alive on aug 5th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Anemia	4 days
Due to Chronic Nephritis and Hypertension	2 years
Due to Chronic Myocardial Disease	3 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — / 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
23. Signature C W Rose (M. D. ~~or Coroner~~)
Address 1038 Elmwood Date signed 7/7/48

(Licensed Embalmer's Statement on Reverse Side)

334-So Van-Brunt

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 John P. Shiel

Licensed Embalmer No. 3625

P. O. Address R.C. 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.