

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13196**

Registrar's No. **1562**

BIRTH NO. 21501-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY: <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE: <u>Mo.</u> b. COUNTY: <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Kansas City</u>	
c. LENGTH OF STAY (in this place): <u>12 hours</u>		d. STREET ADDRESS (If rural, give location): <u>42 32 Holly 270<sup>b</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Menorah</u>			

3. NAME OF DECEASED (Type or Print) a. (First): <u>Baby Paul</u>	b. (Middle):	c. (Last): <u>Penner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-50</u>
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5. SEX: <u>Male</u>	6. COLOR OF RACE: <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>0</u>	8. DATE OF BIRTH: <u>4-1-50</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.: <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Mo. Kansas City</u>		12. CITIZEN OF WHAT COUNTRY?: <u>USA</u>

13a. FATHER'S NAME: <u>Sam Penner</u>	13b. MOTHER'S MAIDEN NAME: <u>Jeanette Kodish</u>	14. NAME OF HUSBAND OR WIFE:
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>	16. SOCIAL SECURITY NO.:	17. INFORMANT'S SIGNATURE OR NAME: <u>Sam Penner</u>	ADDRESS: <u>K.C. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis or Pneumonia severe all lobes</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			527 <sup>2</sup>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify):	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.):	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Apr, 1950, to Apr 1, 1950, that I last saw the deceased alive on 1 Apr, 1950, and that death occurred at 12:30 m/Diridg park and on the date stated above.

23a. SIGNATURE: <u>Julius M. Kantor</u> (Degree or title):	23b. ADDRESS: <u>Argyle Bldg K.C. Mo.</u>	23c. DATE SIGNED: <u>2/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	24b. DATE: <u>4-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Stefffield</u>	24d. LOCATION (City, town, or county) (State): <u>K.C. Mo</u>
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DATE REC'D BY LOCAL REG.: <u>4-3-50</u>	REGISTRAR'S SIGNATURE: <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>J. P. Louis</u>	ADDRESS: <u>Funeral Home K.C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

FILED APR 21 1950

**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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gray Buffington*

Licensed Embalmer No. *2754*

P. O. Address *100 No.*

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.