

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021413

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2724

STATE FILE NUMBER

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Kansas City

Length of stay in lb

20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

76 & Blue River-In River

Inside Limits

Yes  No

d. STREET ADDRESS (If outside, give location)

7036 Walrond St.

Reside on Farm

Yes  No

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CHARLES

WILLIAM

PENNING SR.

4. DATE OF DEATH

Month

Day

Year

Found 5

"Unknown"

61

5. SEX

Male

6. COLOR OR RACE

White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH

1-1-05

9. AGE (last birthday)

56

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

Cartage Co.'s Rockford, Alabama

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Louis Pynick

13b. MOTHER'S MAIDEN NAME

Victoria Osborne

14. NAME OF HUSBAND OR WIFE

Carrie Trainor Penning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

K.C., Mo.

Mr. Johnnie J. Neitch: 7023 Walrond

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Death by Drowning

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Found in Blue River

20c. TIME OF INJURY

Hour Month, Day Year  
5-27-61

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Kansas City Jackson Mo

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Angelo J. Owens M.D. Coroner

152 Union Station - K.C., Mo.

5-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-2-61

23c. NAME OF CEMETERY OR CREMATORY

Mount Calvary Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WEILERT FUNERAL HOMES(S) K.C., MO.

6-1-61

Ruth Long

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. E. Wentz

Licensed Embalmer No. 4075

P. O. Address L. C. S. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.