

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37480
Do not use this space.

1929
1089
NOV 24 1929

1. PLACE OF DEATH: (a) County Vernon Registration District No. 875
 (b) Township Devada Primary Registration District No. 6162 Registered No. 271
 (c) City St. Joseph #3 (d) Street No. St. Joseph #3 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 23(0) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. KATIE MAUDE PENNY

(a) Residence, No. 567 St. AMORET, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm M. PENNY</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 16, 1874</u>				
7. AGE YEARS <u>64</u>	MONTHS <u>10</u>	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....			
FATHER	11. Total time (years) spent in this occupation.....			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA 1</u>			
	13. NAME <u>HARRY-MALLEWENEJE</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio - 9</u>			
	15. MAIDEN NAME <u>MATTY-GUDGEON</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>			
17. INFORMANT <u>STATE HOSPITAL #3 RECORDS.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Benjamin</u> DATE <u>Nov 1 1929</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Butler funeral</u>				
20. FILED <u>Nov 1 1929 Allen W Harp</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 28 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 5 1939</u> to <u>Oct 28 1939</u> . I last saw her alive on <u>Oct 28 1939</u> . Death is said to have occurred on the date stated above, at <u>6:45 P.M.</u> . The principal cause of death and related causes of importance were as follows: <u>BRAIN TUMOR</u> <u>HYPOMATIC PNEUMONIA</u> Other contributory causes of importance: <u>55</u>
Name of operation <u>none</u> Date of..... What test confirmed diagnosis? <u>CLINICAL</u> Was there an autopsy? <u>YES</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury..... Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> (If so, specify.....) (Signed) <u>Paul L Barone</u> , M. D. (Address) <u>State Hospital #3</u>

RECEIVED.

District Health Officer No. 7,
District file number 7-39-1553
Date Filed 11-7-39

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.....

myself
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed *John G Underwood*
.....
Licensed Embalmer No. *3585*
.....
P. O. Address *Butler 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, above space should be left blank.