

1940 APR 26 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10535

Registration District No. 125 Primary Registration District No. 3-0-95117 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo  
(b) City or town County farm  
(c) Name of hospital or institution County farm  
(d) Length of stay: In hospital or institution one year  
In this community entire life

2: USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County  
(c) City or town  
(d) Street No.  
(e) If foreign born, how long in U. S. A. 7 years.

3. (a) PRINT FULL NAME

Mary Penny 56

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 25 1861

8. AGE:

Years 78 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Neelys Landing Mo. 0

10. Usual occupation Housekeeping

11. Industry or business

12. Name unknown 9  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown 9

16. (a) Informant's own signature Mrs. L. L. ...  
(b) Address Detroit Mich.

17. (a) Burial (b) Date thereof 3-23-1940  
(c) Place: burial or cremation New Salem Church

18. (a) Signature of funeral director P. L. ...  
(b) Address Jackson Mo.

19. (a) 3-20-40 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20  
year 1940 hour 6:30 M.

21. I hereby certify that I attended the deceased from 10 to 1940 to 1940  
that I last saw her alive on 1 Mar 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death uraemia  
Due to chronic nephritis  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Means of injury

23. Signature E. R. ... (M. D. of ...)  
Address Jackson Mo Date signed 3-21-40

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

REV. 5-17-39 I X19511

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.

PHYSICIAN Underline the cause to which death should be charged statistically.

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**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 Lymon Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.**