

Registration District No. \_\_\_\_\_

Primary Registration District No. 5-702

Registrar's No. 970

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Springfield Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 5 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Brunswick  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. 0  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CARRIE PENICK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 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 Feb. 2nd 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Bruce  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Phillips  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Stark Klueckhauf  
(b) Address Atlanta, Mo. RR 1

17. (a) Brunswick Mo (b) Date thereof 2-15-1940  
(Burial, or date of removal) (Month) (Day) (Year)

(c) Place: burial \_\_\_\_\_  
18. (a) Signature of funeral director Stephens Gooding  
(b) Address Macon, Mo.

19. (a) March 5/1941 (b) J. O. Hall  
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb-13-40  
to Feb-18 1940  
that I last saw her alive on Feb-13- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to Coronary Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? u

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature A L Corbin (M. D. or other) \_\_\_\_\_  
Address Macon Mo Date signed \_\_\_\_\_

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 10

District File Number: 4-40-707

Date Filed: APR 3 1945

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: *C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address: *Macon, 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.