

No. 2
4-13-40
5-17-39
X231555

ED MAR 19 1941

Registration District No. 547

Primary Registration District No. 3029

State File No. _____

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
830 Grand Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Ann Pennington

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 widowed

6. (b) Name of husband or wife Isaac Pennington 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Lee County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Friend Barlow

13. Birthplace New York State
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Harthtailing

15. Birthplace New York State
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Pennington - CD

(b) Address 640 Euclid, Hannibal, Mo.

17. (a) Burial (b) Date thereof 2/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery Salem, Mo

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal, Mo.

19. (a) Feb. 3 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 830 Grand Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1941 hour 12 minute 20 M. _____

21. I hereby certify that I attended the deceased from 1-3-41
to Feb 1 - 1941
that I last saw her alive on Feb 1 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ethousion
ill to great age

Due to she had no special
distinct disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____

Of autopsy _____

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? YES

23. Signature W. P. Biorely (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Address Hannibal Mo Date signed 2-1-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
3
4

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 *James A. Moles*.....

Licensed Embalmer No. *3296*.....

P. O. Address *Hannibal 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, fact should be so stated above.