S. No. 2
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PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10403

Registration District No. 104 | Primary Registration District No. 5138 | Registrar's No. 77

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: None Cedar Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Fifty years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 014 0

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. None (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lou Penny

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. E. Penny

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July (Month) 23 (Day) 1860 (Year)

8. AGE: Years 81 | Months 7 | Days 18 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Dunn
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Virginia Frazee
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant W. E. Penny

(b) Address NewBloomfield, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 13 (Day) 1942 (Year)

(c) Place: burial or cremation NewBloomfield, Mo.

18. (a) Signature of funeral director Ray A Holt

(b) Address NewBloomfield, Missouri.

19. (a) 3-12-42 (Date received local registrar) (b) Jesse Morsenthoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1942 hour 6 minute 0 PM.

21. I hereby certify that I attended the deceased from Mar 11, 1942 to Mar 11, 1942 that I last saw her alive on Mar 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations —
—
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. McD Rush (M. D. or other)

Address New Bloomfield Mo Date signed 3/12 42

1147

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] .....

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

working under my personal supervision.

Signed Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address NewBloomfield, Missouri

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.