

Registration District No. 14 1942

Primary Registration District No. 5222

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Cass
 (b) City or town Greenwood (Big Creek Twp)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
3 mi S.W. of Greenwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 25 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19
 (c) City or town Greenwood Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 mi S.W. of Greenwood
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Clara Ellen Pinnell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
 year 1942 hour 6 minute 40 P.M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from Aug 5 1941 to May 10 1942
 that I last saw her alive on May 10 1942
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married
 (b) Name of husband or wife William Muppy Pinnell 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Oct 7 - 1877
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 1 day

8. AGE: Years 64 Months 7 Days 3 If less than one day hr. min.

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations 94a

11. Industry or business Own Home

12. Name Jacob Gross Pa

13. Birthplace Elizabeth Cook Pa
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cook Pa

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

16. (a) Informant William M. Pinnell

(b) Address Greenwood Mo

17. (a) Burial (b) Date thereof 5-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo

18. (a) Signature of funeral director N. B. Gingsford

(b) Address Leis Summit Mo

19. (a) MAY 12 1942 (b) Margaret Valle
 (Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Clint A Miller (M. D. or other) 0
 Address Leis Summit Mo Date signed 5/11/42

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 *W.B. Langford*.....

Licensed Embalmer No. *3833*.....

P. O. Address *Lee's Summit*.....

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.