

FILED AUG 7 1942

Registration District No. _____ Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ella Elizabeth Penney

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 Married

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

7. Birth date of deceased November 21, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Firth

13. Birthplace England _____
(City, town, or county) (State or foreign country)

14. Maiden name Zelah Wilson

15. Birthplace Sheffield, England _____
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Penny

(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Frank Undertaking Co.

(b) Address Poplar Bluff, Mo.

19. (a) 7-11-42 (Date received local registrar) (b) Belle Kinnel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 821 Lester Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from July 8 1942
1 1942 July 7 1942
that I last saw h. alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Open Atherosclerosis
Associated with Metastatic
to lungs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H7d

Major findings:
Of operations none

Of autopsy none

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? _____

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

23. Signature Wm. H. Hays (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 7-9-42

RECEIVED

District Health Office No. 2,

District File Number 842-929

Date Filed 8-4-42

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.....

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.