S. No. 2
1—5-42
5-17-39
X3125

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26238

FILED AUG 11 1943

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 135

97 / 2

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution Two Weeks (Specify whether
In this community About 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 97 / 2

(a) State Missouri (b) County Saline

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

(d) Street No. 234 Nesbit (East North St.)
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth D. Althouse

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

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

7. Birth date of deceased January (Month) 28 (Day) 1858 (Year)

8. AGE: Years 85 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " "

MOTHER FATHER

12. Name Alexander Penney

13. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)

14. Maiden name Mary Ann Snoddy

15. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ridge Cemetery

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address [illegible]

19. (a) 7-4-1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

12 11 —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 43 hour 6 minutes 30 A.M.

21. I hereby certify that I attended the deceased from June 10 '43 to July 3, 1943
that I last saw h[illegible] alive on July 2, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2½ days
Due to	
Due to Arteriosclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — None	
Of autopsy	

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 [illegible] (M. D. or other)

Address [illegible] Date signed 7/6/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-40-43
Date Filed

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 J. Leslie Swaney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.