

FILED FEB 9 1945

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
309 W. Morgan St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 309 W. Morgan St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bernadine Cora Lee Penn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 30 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Catherine Alice Penn

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

16. (a) Informant Mrs. Levi Penn

(b) Address Sedalia, MO.

17. (a) Burial (b) Date thereof 1/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennwood

18. (a) Signature of funeral director Prue Alexander

(b) Address 400 N. Cooper St. Sedalia, Mo.

19. (a) 1-13-45 (b) Emma Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1945 hour 9 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Nov 3 - 1944 to Jan 12 - 1945 that I last saw her alive on 1 - 12 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_  
Violent fall (accident)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 15

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? \_\_\_\_\_

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

23. Signature A. R. Maddox (M. D. or other) MO  
Address 116 1/2 W. Main Date signed 1-13-45

1022

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-8-45

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. F. ...*

Licensed Embalmer No. 4745

P. O. Address Seaside, 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.