

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural - Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 mi. East of St. Joseph, Karnes Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life.....
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi. East St. Joseph, Karnes Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1946 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 10
1946 to Jan 26, 1946
that I last saw her alive on Jan 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage
Due to arteriosclerosis

Due to.....
Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Annie K. Penfield

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 widowed
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased July 18 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 20
If less than one day hr. min.

9. Birthplace Buchanan Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER
12. Name Thomas Ashton
13. Birthplace Mays Dick Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda B. Small
15. Birthplace Mason Co Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Sheridan
(b) Address St Joseph Mo
17. (a) cremation (b) Date thereof 2/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem. K.C. Mo.

18. (a) Signature of funeral director Heaton Be Gale Bowman
(b) Address St Joseph Mo
19. (a) Feb 6 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Colles Penfield (M. D. or other)
Address Northgate Bldg Date signed Jan 29

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

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with R-1

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 Legan
....., Registered Apprentice No.
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
P. O. Address St. Joseph, 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.