

FILED JUN 6 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 335

Primary Registration District No. 4492

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott 3
(b) City or town Oran
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Oran 44
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Penrose

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 Widow 2
6. (b) Name of husband or wife Thomas E Penrose 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan 1 1852
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 29 - If less than one day
hr. min.

9. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER
12. Name John Chowson
13. Birthplace Don't Know 4
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter M. Hutman
(b) Address Oran Mo.

17. (a) Burial (b) Date thereof May 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friendcem. Oran Mo.

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee, Mo.

19. (a) 6/3/46 (b) W. S. Slickman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month X day 30
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1942 to 4/30, 1946
that I last saw her alive on 11/24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 7 yrs
Duration

Due to
Due to 92nd

Other conditions Vasculopathy 9
(Include pregnancy within 3 months of death)

Major findings: ~~Of operations~~
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 0

23. Signature J. E. Clinch (M. D. or other)
Address Oran Mo. Date signed 7/30/46

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

RECEIVED

District Health Office No. 2

District File Number 646-66

Date Filed 6-3-46

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 Marnie Buehlerhoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.