S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

State File No. 24029

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ days (Specify whether years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural Route #2, Box 377
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles East on 20th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louella Penrose
3. (b) If veteran, name war * * *
3. (c) Social Security No. * * *
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William J. Penrose
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased February 11, 1867 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Schuyler County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired Home duties
11. Industry or business
MOTHER FATHER
12. Name Steve Castor
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address Carthage R#4, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 6-3-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1946 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 1946 to June 6 1946, that I last saw h. alive on 6-6 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia of lower	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension & Chr. myocarditis	2-3 yrs.
Major findings: Of operations: HCK	
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 J. R. Lemmon (M.D. or other)
Address Joplin Mo Date signed 6/7/46

(Licensed Embalmer's Statement on Reverse Side)

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46-6-535

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 Erling M. Dungy

Licensed Embalmer No. 3386

P. O. Address 212 Joplin St. Joplin 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.