

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 25 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

4455

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

Registration District No. 101

Primary Registration District No. 5415

Registrar's No. 5

34  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Douglas  
 (b) City or town Rural (Wood Township)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 60 years (Specify whether \_\_\_\_\_)  
 years, months or days

**3. (a) PRINT FULL NAME** Elizabeth Penner  
**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** John R. Penner **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** September 25 1859  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>16</u>	_____ hr. _____ min.

**9. Birthplace** Cumberland County Tennessee  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** At Home

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

**MOTHER, FATHER**  
**12. Name** James M. Curnutt  
**13. Birthplace** Dont know Tennessee  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Amanda Ousley  
**15. Birthplace** Dont know Tennessee  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mr Clyde Penner  
**(b) Address** Vanzant, Missouri

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 1/13/1947  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Penner Cemetery

**18. (a) Signature of funeral director** George Staff  
**(b) Address** Mountain Grove Missouri

**19. (a) 2-12-47** (Date received local registrar) **(b) Uestal Bushman** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Douglas  
 (c) City or town Rural (Wood twp)  
 (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month January day 11th  
 year 1947 hour 7 minute P. M.

**21. I hereby certify that I attended the deceased from** 1/8, 1947, to 1/11, 1947  
 that I last saw her alive on 5/6/47, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction of heart  
 Duration \_\_\_\_\_

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

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

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

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
450

**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) Means of injury \_\_\_\_\_

**23. Signature** R. A. Ryan (M. D. or other) \_\_\_\_\_  
**Address** Missouri **Date signed** 1-25-47

RECEIVED

District Health Officer No. 6,  
District File Number 247-253  
Date Filed FEB 19 1947

---

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 *George Stapp*

Licensed Embalmer No. 3161

P. O. Address *1166 E. 12th St*

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.