

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

FILED JUL 3 1947
149

Registration District No. _____ Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1329 E. 9th.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Clemma L. Penrod

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married/divorced married

6. (b) Name of husband or wife Joseph B. 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 17 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from June 4, 1947 to June 26, 1947 that I last saw her alive on June 26, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 0 9 hr. min.

Immediate cause of death: Occlusion of coronary artery 21 days

Due to: Arteriosclerosis 2 yrs

Due to: Hypertension 25 yrs

Other conditions: Pulmonary oedema 8 hrs.
(Include pregnancy within 5 months of death)

9. Birthplace Concordia Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

PHYSICIAN

Major findings: Of operations None

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name David W. Andrews

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Frances H. Brown

15. Birthplace Platte City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph B. Penrod

(b) Address 1329 E. 9th. St.

17. (a) burial (b) Date thereof 6-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Melody-Mc Gilley-Eyler

(b) Address 1800 Linwood

19. (a) 6-27-47 (b) Seraldine Palmer
(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 _____

31. Signature J. J. ... (M. D. or other) _____

Address 1922 Walnut Date signed 6-27-47

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

Eileen E. Heck

Licensed Embalmer No. *4063*

P. O. Address *K. C. 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.