S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31384

Registrar's No. 4136

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:
9 East Dartmouth Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 9 East Dartmouth Road 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Rose Ella Penticuff

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female /

5. Color or race white

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife John A. Penticuff

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month) 24 (Day) 1900 (Year)

8. AGE: Years 47 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business x

FATHER
12. Name William B. Conrod
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E. Cantrell
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant John A. Penticuff
(b) Address 9 E. Dartmouth Rd., Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Winfield, Kansas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30 year 1947 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from July 47 to Sept 30, 1947 that I last saw her alive on Sept 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma of the Lungs + Liver — Duration 6 mo

Due to Carcinoma of the Breast — 1 yr

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50

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 0

23. Signature Don Carlos Jeets (M. D. or other)

Address 1500 Prof Bldg Date signed 9-30-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Don C. Peete

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.....

Licensed Embalmer No. 1415

P. O. Address KC, 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.