

FILED FEB 19 1948 155

3127

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County Jasper Co. Mo
(b) City or town Webb City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Clinics Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/16 - 7/5, 1948
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNIE MARIE MALLOY

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife C.R. Malloy 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Aug 9 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Ironton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name John Pennebecker /

13. Birthplace Penn /
(City, town, or county) (State or foreign country)

14. Maiden name Ann Miller

15. Birthplace Penn /
(City, town, or county) (State or foreign country)

16. (a) Informant George Striplin

(b) Address Agenola Rang

17. (a) REMOVAL (b) Date thereof Feb 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Sheridan Eng

(b) Address Webb City Mo

19. (a) Feb 10 1948 (Date received from registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 149
(c) City or town Rural Section W.P.U
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile south 2 miles East of Centerville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1948 hour 4:01 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 16 1948 to Feb 5 1948
and that death occurred on the date and hour stated above.
that I last saw her alive on Feb 5 1948

Immediate cause of death Fracture of left femur

Due to Fall in her home

Due to _____
Other conditions Chronic Myocarditis
(include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 16 1948
(c) Where did injury occur? at her home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home - on her farm - in Jasper Co. Mo
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Webb City Mo Date signed 2/5/48

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

MOTHER FATHER

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.....

S. Bernard Beery

Licensed Embalmer No.....

4161

P. O. Address.....

Sheldon, 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.