

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16088

State File No.

FILED JUN 8 1948 132

Registration District No.

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Prentiss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 607 W. 4th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

CORA ADDA PENNINGTON (PENN)

3. (b) If veteran,

name war.

3. (c) Social Security No.

None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married divorced
(b) Name of husband or wife John Pennington 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased October 12 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 22 If less than one day — hr. — min.

9. Birthplace Bethany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name John Pennington

13. Birthplace Unknown (State or foreign country)

14. Maiden name Martha Cooper

15. Birthplace Unknown (State or foreign country)

16. (a) Informant Office

(b) Address Prentiss

17. (a) Burial (b) Date thereof May 7 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Prentiss, Mo

19. (a) 5/7/48 (b) June 2nd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Prentiss (If outside city or town limits, write "RURAL") 2
(d) Street No. 515 West 4th St. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1948 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from 4-7
10-7- to 5-4- 1948
that I last saw her alive on 5-4- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
with metastases in chest

Due to

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Ca Breast

Of operations With metastases in axillary

Of autopsy glands

Underline cause of death 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 Wm A. Jenson (M. D. or other) md

Address Prentiss, Mo Date signed 5-6-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

working under my personal supervision. *myself* Registered Apprentice No. _____

Signed _____

Walter E. Moyer

Licensed Embalmer No. *4491*

P. O. Address *Invention, 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.