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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33044

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4116

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: General Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-23-48 to 10-10-48 (Specify whether
In this community 2½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1527 Popular
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME ETTA PENFIELD

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 Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July (Month) 12 (Day) 1873 (Year)

8. AGE: Years 75 Months 2 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name J.B. Morris
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. P. Coffin
(b) Address 1527 Popular K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Caney, Kansas

18. (a) Signature of funeral director E. Paul Amos
(b) Address 301 Main St. Shawnee Kans.

19. (a) 10-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1948 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 23, 1948, to October 10, 1948, that I last saw her alive on October 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized arteriosclerosis
Arteriosclerotic-heart disease
~~Due to~~ Pulmonary edema & congestion
Necrotizing pyelonephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93.0

Of autopsy See above

Duration

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 Wm. W. Hart (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 10-10-48

(Licensed Embalmer's Statement on Reverse Side)

Mr. K. W.

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 E Paul Amos, Registered Apprentice No. ..... working under my personal supervision.

Signed E Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee Kansa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.