

FILED AUG 3 1944

State File No.

Registration District No.

Primary Registration District No. 3012

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ball Clinic
(Specify whether)
In this community about 33 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior
(If outside city or town limits, write "RURAL")
(d) Street No. Excelsior Hotel
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Carrie Pennington

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William R. Pennington 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased June 26 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Susquehanna Penna.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
12. Name Robert Stuart
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Coffman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. W. Weber
(b) Address Excelsior Springs Mo
17. (a) Removal (b) Date thereof July 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs Mo
19. (a) 7-14-44 Mrs. Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 4 1944 to July 11 1944; that I last saw her alive on July 11 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) H&H

Major findings:
Of operations
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?
While at work (Specify type of place) (e) Means of injury
23. Signature Dr. W. H. Jones (M. D. or other) Dr.
Address Ball Clinic Date signed 7/13/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-3-44

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 Carl Raff

Licensed Embalmer No. 3458

P. O. Address Be Spgs, 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.