

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

FILED JAN 22 1947
Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Boell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 8 1/2 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME William W Pensell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 8th, year 1947, hour 1, minute 30 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Nelia Berry

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

7. Birth date of deceased July 31 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6th 1947 to Jan 8th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 82 Months 5 Days 7 If less than one day _____ hr. _____ min.

Due to Chronic Myocarditis

Due to Arteriosclerosis

9. Birthplace Waver Kentock Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Mining

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Cherley Pensell

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

14. Maiden name Mary Jane Dye

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

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? _____

16. (a) Informant Miss Linnie Cluster

(b) Address Boell Mo

17. (a) Boell (b) Date thereof Jan 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature A. Finch M.D. (M. D. or other) _____

Address Middletown Mo Date signed 1/8/47

18. (a) Signature of funeral director Patchey Cuba

(b) Address Middletown Mo

19. (a) 1-13-47 (b) Viriam Spines
(Date received local registrar) (Registrar's signature)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

209

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-21-46

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. 3059
P. O. Address Wellesville 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.