No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8026

State File No. 9546

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 10 Hours (Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence, Missouri 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1315 South Pearl 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ELMER PENNELL

3. (b) If veteran, name war None

3. (c) Social Security No. 490-09-3478

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Ellen A. Pennell

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 14 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	10	hr. min.

9. Birthplace Washington Co. (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Contractor

11. Industry or business

FATHER

12. Name John Pennell

13. Birthplace Connellsville (City, town, or county) Penn. (State or foreign country) 1

MOTHER

14. Maiden name Sarah Jane Hooper

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs Ellen A. Pennell

(b) Address 1315 So Pearl, Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 3-15-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 th. year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2/24 1947, to 2/24 1947, that I last saw him alive on 2/24 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage (massive)	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Vance E. Link, M.D. (M. D. or other)

Address 129 W. Lexington, Indep. Mo. Date signed 2/25/47

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(Licensed Embalmer's Statement on Reverse Side)

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 Harlan H. Myers, Registered Apprentice No. 506, working under my personal supervision.

Signed Floyd E. Cau

Licensed Embalmer No. 4199

P. O. Address Independence

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.