

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town "Rural" Belvidere Twp.
(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 _____ years, months or days

3. (a) PRINT FULL NAME Anna Elizabeth Pennington

3. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James M Pennington
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 7 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Henry W. Huffman 0
13. Birthplace Carroll Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Bethiah L. Miles
15. Birthplace Carroll Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Jenkins
(b) Address De Witte Mo

17. (a) Buried (b) Date thereof 1/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Witte Mo

18. (a) Signature of funeral director L. Leopold
(b) Address Mendon Mo

19. (a) Jan. 4 - 48 (b) Pearl Kochy
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (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 December day 30th
year 1947 hour 10 minute 30.0 M.
21. I hereby certify that I attended the deceased from October 18-1947
1947 to Dec 10 1947
that I last saw her alive on Dec 10 1947
and that death occurred on the date and hour stated above. yes

Immediate cause of death Coronary heart disease with dropical effusion 10 yrs
Duration

Due to Senility 5 yrs
dropsy, effusion
Due to Generally over body 6 mos
Obesity 20 yrs
Other conditions Femoral hernia 20 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations 120 B
Of autopsy _____
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? yes (Specify type of place) (e) Means of injury _____
23. Signature James C. Rice (M. D. or other) _____
109 E. Broadway signed 1-2-48
Address _____

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

7
00

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed _____

1-12-48

JAN 22 1948

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, ~~and~~ _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

A. L. Leopard
3970

Licensed Embalmer No. _____

P. O. Address _____

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.