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5-43
17-39
X36671

FILED SEP 20 1948
Registration District No. 28

Primary Registration District No. 2000

State File No. _____
Registrar's No. 774

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Bourbon 999

(c) City or town Ft. Scott 61
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2.

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

3. (a) PRINT FULL NAME Irene Hixson Penny

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 John S. Penny

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

7. Birth date of deceased Dec. 28 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 8 16 hr. min.

9. Birthplace Mills County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name LeRoy Hixson

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

14. Maiden name Elizabeth (Unknown)

15. Birthplace Unknown Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant H.G. Penny

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kan.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-16-48 (b) W. H. Hanchey MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1948 hour 1 minute 14 a.m.

21. I hereby certify that I attended the deceased from August 1947 to Sept 14 1948
that I last saw him alive on 8 Sept. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic 1 year

Due to arteriosclerosis
Senility

Due to _____

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

Major findings: None

Of operations _____

Of autopsy 930

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? _____

While at work? _____ (Specify place)

(a) Signature W. H. Hanchey MD (b) Means of injury Heart ✓

23. Signature W. H. Hanchey MD (M.D. or other) _____

W. H. Hanchey MD Date signed 14 Sept 48

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

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.....

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.