DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2030

Registration District No. 169 — Primary Registration District No. 4098 — Registrar's No. 1

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. Broadway (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) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Brunswick Mo (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John W. Penick
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased January (Month) 5 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	0	24	____ hr. ____ min.

9. Birthplace Brunswick (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Painter 1
11. Industry or business 1
FATHER
12. Name John R. Penick
13. Birthplace ____ (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Julia Thorn
15. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant's own signature Jessie Penick
(b) Address Brunswick, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick, Mo.
18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo 158
19. (a) Jan. 30, 1940 (Date received local registrar) (b) Harry E. Tatum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1940 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 2 1939, 1939, to Jan 28, 1940, that I last saw him alive on Jan 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations June 5-1939 Exploring Quality Found Carcinoma of Stomach
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 ____
23. Signature J. L. Fetter (M.D. or other) DO
Address Brunswick Mo Date signed Jan 30 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/3/40

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 John H. Meyer

Licensed Embalmer No. 3730

P. O. Address Brunswick, Me

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, above space should be left blank.