No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21214

Registration District No. JUL 12 1940 85

Primary Registration District No. 1001

Registrar's No. 613

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

1. PLACE OF DEATH: 1

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 9 Hrs. (Specify whether

In this community About 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1904 Angelique (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Henry Penson 525

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Lucy Penson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased ? (Month) ? (Day) 1870 (Year)

8. AGE: Years ABOUT 70 | Months ? | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Miss. (State or foreign country) 1

10. Usual occupation Common Laborer 9

11. Industry or business Unemployed time of death

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Penson

(b) Address 1904 Angelique

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/'40 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Graves Funeral Home

(b) Address 806 S. 17th, St.,

19. (a) June 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature) 85

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-31-40, 19..., to 6-1, 1940 that I last saw him alive on 6-1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial lesion & decompensation	1935
Due to	
Due to 92C	
Other conditions General arteriosclerosis (Include pregnancy within 3 months of death)	1930

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

23. Signature [signature] (M. D. or other) 1

Address St. Joseph Mo Date signed 6-4-40

(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

A. T. Moore, Registered Apprentice No.

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.