

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24845

State File No. _____

Registration District No. 138

Primary Registration District No. 198

Registrar's No. 53

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Norborne Mo. RR 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at Home
(Specify whether
In this community 48 - years
years, months or days)

8. (a) PRINT FULL NAME Mary Jane Penniston
8. (b) If veteran, name war _____
8. (c) Social Security No. No

4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. H. Penniston
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 18 (Month) 29 (Day) 1870 (Year)

8. AGE: Years 69 Months 7 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business at Home

MOTHER FATHER {
12. Name Walter Deake
18. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Deake
15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. W. Penniston
(b) Address Norborne Mo. RR 2.

17. (a) Burial (b) Date thereof 6 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director John B. Deitch
(b) Address Norborne Mo

19. (a) 7-3-40 (b) B. C. Cole
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 2
year 1940 hour 2 minutes 0 P. M.
21. I hereby certify that I attended the deceased from 7-2
1940, to 7-2 1940
that I last saw her alive on 7-2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration sudden

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy NO
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?
123 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature B. C. Cole (M. D. or other) _____
Address Norborne Mo Date signed 7-3-40

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.

Date Filed _____
District File Number S-6-40
District Health Officer No. 8,
RECEIVED
11

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 G. Ditch
Licensed Embalmer No. 3654
P. O. Address Norborne Mo

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.