DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38061

NOV 19 1940

Registration District No. 43 — Primary Registration District No. 5067 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Lamar, Mo. R.F.D. #3
(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 years, months or days): 2
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Lamar, Mo. R.F.D. #3
(If outside city or town limits, write "RURAL")
(d) Street No.: Milford Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years: 0

3. (a) PRINT FULL NAME: UNNAMED INFANT OF ROSA BELLE PENNELL

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: Single

6. (b) Name of husband or wife: — 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: October (Month) 29 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day: 2 hr. min.

9. Birthplace: Lamar, Mo. R.F.D. #3 (City, town, or county) (State or foreign country)

10. Usual occupation: 0

11. Industry or business: 0

MOTHER FATHER
12. Name: Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: Rosa Belle Pennell
15. Birthplace: Barton Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: A. L. Pennell
(b) Address: Lamar, Mo. R.F.D. #5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 30-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Round Prairie Cem. Barton Co.

18. (a) Signature of funeral director: E. E. Philips
(b) Address: Golden City, Mo.

19. (a) Oct. 31-40 (Date received local registrar) (b) Elmer L. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from — , 19 , to — , 19 ; that I last saw h. — alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Exposure and chill — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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: L. E. Duncell (M. D. or other) MD
Address: Lamar, Mo. Date signed: Oct 31

(Licensed Embalmer's Statement of Burial) Barton Co. Mo. 1940

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.

I X19511

RECEIVED
District Health Officer No. 5,
District File Number 76
Date Filed NOV 15 1940 NOV 15 1940 NOV 15 1940 NOV 15 1940

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, above space should be left blank.

No. 2B
-2-21-40
oI X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 45 Primary Registration District No. 2067 Registrar's No.

1. PLACE OF DEATH:
(a) County Barton
(b) ~~City or town~~ Milford T.P.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barton
(c) City or town Lamar Mo RFD #2
(If outside city or town limits write "RURAL")
(d) Street No. Milford T.P.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Unnamed infant of Rosa Belle Pennell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 29 (Day) 1940 (Year)

8. AGE: Years Months Days If less than one day 2 hr. 30 min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant A. L. Pennell
(b) Address Barton Co Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Oct. 31-1940 (Date received local registrar) (b) Elmer L. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

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

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 C. E. Duckett Cor (M. D. or other)
Address Lamar Mo Date signed

SUPPLEMENTARY

38061