

JAN 25 1941 914

Registration District No.

Primary Registration District No.

6935

Registrar's No. 6235-

1. PLACE OF DEATH:

(a) County: RAY
 (b) City or town: RICHMOND MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: rural - hope farm trap
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 85 years (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME: John Henry Penny
 8. (b) If veteran name war: ✓ 8. (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: Octavia Penny 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: May 16 1855
 (Month) (Day) (Year)

8. AGE: Years: 85 Months: 7 Days: 6 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: farmer

11. Industry or business: _____

MOTHER FATHER { 12. Name: James Penny
 13. Birthplace: England (City, town, or county) (State or foreign country)
 14. Maiden name: Mary
 15. Birthplace: Eng. (City, town, or county) (State or foreign country)

16. (a) Informant: L. J. Penny
 (b) Address: Boyard mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 23, 40 (Month) (Day) (Year)
 (c) Place: burial or cremation: New Hope

18. (e) Signature of funeral director: E. A. Dickerson
 (b) Address: Boyard mo.

19. (a) Jan 25 1941 (Date received from registrar) (b) Miss Sarah Mauceri (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Ray
 (c) City or town: Rural (If outside city or town limits, write "RURAL")
 (d) Street No.: _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 22 year: 1940 hour: 30 minute: 0 M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to Dec 22 1940, that I last saw him alive on Dec 18 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Hardening of Blood vessels

Due to: Serubility

Due to: _____

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

Major findings: _____ Of operations: _____

Of autopsy: _____

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 type of place) _____ (e) Manner of injury: _____

23. Signature: Henry H. Patterson (M. D. or other) _____
 Address: Boyard mo Date signed: 12/23/40

Duration: not known

PHYSICIAN: _____ Underlies the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Recd 1-10-41

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 E. A. Dickerson
Licensed Embalmer No. 2534
P. O. Address Burgess 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43652

Registration District No. 914

Primary Registration District No. 6235

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Eschape Grove 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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Penny
(b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 22
year 1946 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.
Immediate cause of death _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced, w.
6. (b) Name of husband or wife Octavia Penny
6. (c) Age of husband or wife if alive _____ years

Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 85 Months 7 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) you 12/21 (b) Mrs. J. J. Jackson
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 type of place) _____ (e) Means of injury _____

23. Signature Harry H. Patterson (M.D. or other) _____

Address Braymer _____

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

SUPPLEMENTARY

Mabel Jackson

