

FILLED NOV 7 1941
Registration District No. **284**

Primary Registration District No. **4408**

Registrar's No. **33**

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

1. PLACE OF DEATH: **Pike**
 (a) County **Pike**
 (b) City or town **Bowling Green MO**
 (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.
 In this community
 years, months or days

3. (a) PRINT FULL NAME **William Simpson Pennington**
 3. (b) If veteran, name war **Y**
 3. (c) Social Security No. **4**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **R. Houston** 6. (c) Age of husband or wife if alive **Y** years
 7. Birth date of deceased **Apr. 27 1923**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **12**
 If less than one day hr. min.

9. Birthplace **Hickory CO MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
 12. Name **Simpson Pennington**
 13. Birthplace **Don't know 9**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Frances Parke**
 15. Birthplace **MO**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Arch Sanderson**
 (b) Address **Bowling Green MO**

17. (a) **Burial** (b) Date thereof **Oct 11 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **With Cr. Cemetery**

18. (a) Signature of funeral director **James B. [unclear]**
 (b) Address **Bowling Green MO**

19. (a) **10-18-41** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Pike 82**
 (c) City or town **[unclear]** (If outside city or town limits, write "RURAL")
 (d) Street No. **[unclear]** (If rural, give location)
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **9**
 year **1941** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **1935**
 _____, 19____, to **10/9**, 19____
 that I last saw him alive on **10/7**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Due to **Myocarditis Chron**
 Due to _____

Other conditions (Include pregnancy within 3 months of death) **938**

Major findings: Of operations _____
 Of autopsy _____

Duration **hr.**
 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?

While at work? **Y** (Specify type of place) _____ (b) Means of injury **2**
 23. Signature **[Signature]** (M. D. or other) **MD**
 Address **Bowling Green MO** Date signed **10/14/41**

RECEIVED

District Health Officer No. 10

District File Number 11-41-1960

Date Filed NOV 7 1941

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.....

E. A. Roof, Bowling Green, Mo......, Registered Apprentice No. 3044
working under my personal supervision.

Signed Grace Rankin

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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, fact should be so stated above.