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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35845

Registration District No. 726 Primary Registration District No. 4432 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town New London Twp
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ralls 587
(c) City or town New London /
(If outside city or town limits write "RURAL") 6
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Arthur Pennington
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 Married
6. (b) Name of husband or wife Ida May
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan. (Month) 31 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
60	8	5	hr. min.

9. Birthplace Ralls Co. O (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Jessie Pennington
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Barlow
15. Birthplace Ill. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ida May Pennington
(b) Address New London Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 Jul 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery
18. (a) Signature of funeral director James Bonnell
(b) Address Hannibal Mo
19. (a) Oct 21 1941 (Date received local registrar) (b) Blanche Mugman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1941 hour 5 minute 50 P. M.
21. I hereby certify that I attended the deceased from Sept 28-41 Sept 28 1941, to Oct 5 1941; that I last saw him alive on Oct 5 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration
Due to Myocardial weak
Due to Paralysis Agitans
Other conditions No other
(Include pregnancy within 3 months of death)
Major findings: Of operations No operation
Of autopsy None

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 Thos. R. Moore (M. D. or other)
Address New London Date signed Oct 18 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-41-2072
Date Filed NOV 14 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

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

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