

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41289

Registration District No. 2

Primary Registration District No. 4550

Registrar's No. 47

1. PLACE OF DEATH:  
 (a) County ANDRAIN  
 (b) City or town VANDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 511 WEST PARK STREET  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 MINUTES  
(Specify whether years, months or days)

3. (a) PRINT FULLNAME UNNAMED PENN  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. NONE

4. Sex FEMALE 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 DEC 16 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day hr. 45 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name FOREST PENN JR.  
 13. Birthplace WELLSVILLE MISSOURI  
(City, town, or county) (State or foreign country)  
 14. Maiden name DOROTHY ISABELLE WILSON  
 15. Birthplace ONESBURG MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant FOREST PENN JR.  
 (b) Address VANDALIA MISSOURI

17. (a) \_\_\_\_\_ (b) Date thereof DEC 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Body disposed of by family

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Dec 16, 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County ANDRAIN  
 (c) City or town VANDALIA  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 511 WEST PARK STREET  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16  
 year 41 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from 8 A.M. Dec 16  
1941 to 8:45 a.m. Dec 16, 1941;  
 that I last saw her alive on Dec. 16, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous ABORTION

Due to PYELITIS

Due to \_\_\_\_\_

Other conditions 1600  
(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 2

23. Signature J. R. Dougherty (M. D. or other) DO

Address Vandalia, Mo. Date signed 12-16-41

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

4  
2  
1

780

RECEIVED

District Health Officer No. 10

District File Number

1-42-47

JAN

9 1942

Date Filed

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, fact should be so stated above.