Kreichert

. S. No. 2
M—9-4-41
ev. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1942

Registration District No. 6

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5131

State File No. 1822

Registrar's No. 479

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff Rural
(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: 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler

(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural South off Farm Market Road 14
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Parizade Pennington

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: William L. Pennington

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

7. Birth date of deceased: July 23, 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Richard Wright

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

14. Maiden name: Mary Martha Booker

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

16. (a) Informant: Krat Pennington

(b) Address: Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 14, 41 (Month) (Day) (Year)

(c) Place: burial or cremation: Black Creek

18. (a) Signature of funeral director: Frank Mortuary

(b) Address: Poplar Bluff Mo.

19. (a) 12-29-41 (Date received local registrar) (b) Belle Hume (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 13, day, year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from August, 1941, to Dec 13, 1941; that I last saw her alive on Dec. 12 —, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinoma Stomach	6 Mo.

Major findings:
Of operations: 46 f
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: [illegible] Kreichert (M. D. or other)

Address: Poplar Bluff, Mo. Date signed 12/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-43
Date Filed 1-16-42

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.

Not Embalmed

Signed Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.