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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6058

Registration District No. FILED MAR 25 1942

Primary Registration District No. 5131

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Dozen Bluff Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ½ mile N. W. of Harviell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. ½ mile N.W. of Harviell 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Donold Louis Pennington

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Mar. 1, 1942
(Month) (Day) (Year)

8. AGE: Years | Months | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Butler co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation 4

11. Industry or business 4

FATHER
12. Name Francis Pennington
13. Birthplace Butler Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Bessie Shuemate
15. Birthplace Reynolds Co. (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Francis Pennington

(b) Address Harviell, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/12/42 (Month) (Day) (Year)

(c) Place: burial or cremation Cockren Cemetery

18. (a) Signature of funeral director Minnie Gish Funeral Home

(b) Address Naylor, Mo.

19. (a) 3-12-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11
year 1942 hour 7 minute 30p. M.

21. I hereby certify that I attended the deceased from March 9, 1942 to March 11, 1942; that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations .....
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] 0 (M. D. or other) .....

Address Neelyville Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342 - 442
Date Filed 3 - 23 - 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.

This person was not embalmed.

Signed L. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.