

FILED MAR 23 1942

Registration District No. _____

Primary Registration District No. **5131**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Bever Dam rural** (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles N. E. of Naylor (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**

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

(d) Street No. **4 miles N. E. of Naylor** (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Lila Mary Pennington**

(b) If veteran, name war **no**

(c) Social Security No. **no**

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 **Oct. 1 1928** (Month) (Day) (Year)

8. AGE: Years **13** Months **5** Days **10** If less than one day hr. _____ min. _____

9. Birthplace **Harviell Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **School**

11. Industry or business _____

MOTHER FATHER { 12. Name **Chester Loyd Pennington**

13. Birthplace **Poplar Bluff Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Birdie Marley**

15. Birthplace **Harviell Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **C. L. Pennington**

(b) Address **Naylor, Mo.**

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

(c) Place: burial or cremation **Cockren cemetery**

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **3-11-42** (b) **Belle Kime** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **11** year **1942** hour **8** minute **15** A

21. I hereby certify that I attended the deceased from **MARCH 7** 19**42** to **MARCH 11** 19**42** that I last saw him alive on **MARCH 10** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death: **meningitis non epidemic**

Due to **acute labor pneumonia**

Due to **followed**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **— 8/1a**

Of autopsy **no**

Duration _____

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **H. E. ...** (M. D. or other) **...**

Address **Naylor, Mo.** Date signed **3/11/42**

MAR 23 1942

RECEIVED

District Health Office No. 2,

District File Number 342-434

Date Filed 3-21-42

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.

Signed

S. C. Mc Cord

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.