

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

FILED JUN 11 1942

Registration District No. **708**

Primary Registration District No. **5562**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Mario n township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Carthage Rt. 2 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **56 Years** (Specify whether years, months or days)

In this community **56 Years**

2. USUAL RESIDENCE OF DECEASED: **49**

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **Carthage Rt. #2**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **FARLEY TAYLOR PENNY**

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

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Maude Case Penny**

6. (c) Age of husband or wife if alive **25-1867** years

7. Birth date of deceased **February 25-1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **7**

If less than one day _____ hr. _____ min.

9. Birthplace **Shreveport Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **O. N. Penny**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Athea Taylor**

15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Penny**

(b) Address **Carthage Rt. 2**

17. (a) **Burial** (b) Date thereof **May 20, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 S. Garrison, Carthage**

19. (a) **May 20, 1942** (b) **E. Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18** n
year **1942** hour **10** minute **30A.M.**

21. I hereby certify that I attended the deceased from **7-23-40** to **5-18-42**

that I last saw him alive on **5-18-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature **Ed. C. Ulmer** (M. D. or other) **DD**

Address **Carthage Mo** Date signed **5-18-42**

42.5.500

2
M
x 1

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..... *Edwards*

Licensed Embalmer No. *2242*

P. O. Address *Carthage*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18224

Registration District No. 408

Primary Registration District No. 5562

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Central
(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
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harley J. Penny
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 25 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days _____
(If less than one day)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 14 Year 1942 Hour _____ Minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to Chronic nephritis
 Due to acute retention of urine due to prostatic hypertrophy
 Other conditions Hypertrophy
(Include pregnancy within _____ months of death)

Major findings:
 Of operations _____
 Of autopsy 137a

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) (a) Means of injury
 23. Signature Robert A. Berry (M. D. or other) _____
 Address Alba Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

