

FILED DEC 19 1942

Registration District No. 38

Primary Registration District No. 3.0.0.6-51-20

Registrar's No. 2735

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 Monroe St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 305 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME GEORGE WILLIAM PENROD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Penrod 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 9 - 25 - 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 14 If less than one day
.....hr.min.

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

10. Usual occupation Miner

11. Industry or business

12. Name Henry Penrod
13. Birthplace Not Known 9 (State or foreign country)
(City, town, or county)
14. Maiden name Mahalia Fry
15. Birthplace Not Known 9 (State or foreign country)
(City, town, or county)

16. (a) Informant Mrs. Floyd Smith
(b) Address Route 2, Columbia, Mo.
17. (a) Removal (b) Date thereof 12-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knobnoster, Mo.

18. (a) Signature of funeral director Green Funeral Service
(b) Address Columbia, Mo.

19. (a) Dec. 10, 1942 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1942 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from 5-11-
1942 to Dec 9- 1942
that I last saw him alive on Dec 9- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach Duration 7 mo +
lung

Due to X
Due to X
Other conditions X
(Include pregnancy within 3 months of death) Ho

Major findings: Of operations none
Of autopsy none
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) No
(b) Date of occurrence No
(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?
No (Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature W.P. Dyson (M. D. or other) M.D.
Address Columbia Mo. Date signed 12-10-42

024
copy
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

188
2/18/42
40

1250

DEC 22 1942

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 *M. V. Whittrick*

Licensed Embalmer No. *3893*

P. O. Address *Columbia 110*

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.