

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Rolla, Missouri  
(c) Name of hospital or institution: McFarland Hospital  
(d) Length of stay: In hospital or institution 12 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Camden  
(c) City or town Roach, Missouri  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Millered Jasper Pennell  
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 11  
year 1942 hour 12:30 minute A.M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Ruth Pennell  
6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased April - 13 - 1913

21. I hereby certify that I attended the deceased from November 29<sup>th</sup> to December 11<sup>th</sup> 1942  
that I last saw him alive on December 11 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 30 Months Days If less than one day hr. min.

Immediate cause of death Embolus in the brain

9. Birthplace Macke Creek Mo  
10. Usual occupation Laborer

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

MOTHER FATHER

11. Industry or business  
12. Name Millard J. Pennell  
13. Birthplace Macke Creek Mo  
14. Maiden name  
15. Birthplace Macke Creek Mo

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Ruth Pennell  
(b) Address Roach Mo  
17. (a) Removal (b) Date thereof Dec 14 1942  
(c) Place: burial or cremation Macke Creek Mo  
18. (a) Signature of funeral director  
(b) Address  
19. (a) 12-14-1942 (b) Registrar's signature

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
Where did injury occur?  
(c) (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) (Specify means of injury)  
23. Signature Address Date signed

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

**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 *Clyde Montgomery*  
Licensed Embalmer No. *3592*  
P. O. Address *Buffalo, 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.**