

Registration District No. 101

Primary Registration District No. 5400

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Denlow  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Denlow  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1942 hour am minute 45 M.

21. I hereby certify that I attended the deceased from Oct 31 1942 to Oct 31 1942  
that I last saw him alive on Oct 19 and that death occurred on the date and hour stated above.

Immediate cause of death stroke  
in head

Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations .....

Of autopsy no

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) suicide  
(b) Date of occurrence Oct 31 1942  
(c) Where did injury occur? in head  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

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

23. Signature L. J. Way (M. D. or other)

Address Woodward Date signed 11/13 1942

3. (a) PRINT FULL NAME A. J. Pennington

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased. Feb 11 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 1 20 hr. min.

9. Birthplace White County TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation MILLER

11. Industry or business .....

12. Name CAPT Edmond Pennington

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

14. Maiden name LUCINDA Pennington

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

16. (a) Informant A. C. Pennington

(b) Address Ava Missouri

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

18. (a) Signature of funeral director .....

(b) Address .....

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

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

1056

RECEIVED

District Health Officer No. 6,

District File Number 143-79

Date Filed JAN 22 1943

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**