

U. S. No. 2  
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PI X2948

25273

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 11 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 416

49  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution St. John's Hospital  
(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 Jasper

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

(d) Street No. 213 1/2 W. 13th St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Elmer Pennington

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd  
year 1943 hour 12 minute 10 P. M.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John Pennington 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased John 20 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-43, 19\_\_\_\_, to 7-23-43, 19\_\_\_\_

that I last saw her alive on 7-23-43, 19\_\_\_\_

and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_

Due to Carcinoma Pancreas 5-6 months

Due to B. Coli abscess in tumor

Other conditions Severe secondary anemia

9. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name John Gallison

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

14. Maiden name Unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations above

Of autopsy 46g

16. (a) Informant Walter Brown

(b) Address Joplin, Mo

17. (a) Burial (b) Date thereof July 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Walter Brown

(b) Address 11th St. Joplin, Mo

19. (a) 7-26-43 (b) Hester S. Scholtz  
(Date received local registrar) (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 \_\_\_\_\_

(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 D

23. Signature Walter Brown (M. D. or other) \_\_\_\_\_

Address Joplin, Mo Date signed 7-26-43

1204 (Licensed Embalmer's Statement on Reverse Side)

13-7-675

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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 A. K. Miller  
Licensed Embalmer No. 347  
P. O. Address Webb City, 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.**