

FILED JAN 31 1944

Registration District No. _____

Primary Registration District No. 3037

Registrar's No. 186

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

1. PLACE OF DEATH

(a) County Laurance
(b) City or town Mt Vernon
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laurance
(c) City or town Mt Vernon mo 3
(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 _____

3. (a) PRINT FULL NAME Robert Garrell Pennington

3. (b) If veteran, name war _____ X
3. (c) Social Security No. 500-05-5484

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

6. (b) Name of husband or wife Ether 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 29-1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 5 23 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name Andrew Pennington

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

14. Maiden name Anna Mc Lake (Mc Ghee)

15. Birthplace Green bog, mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ether Pennington

(b) Address Mt Vernon mo

17. (a) Burial (b) Date thereof Dec 24-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt Vernon mo

19. (a) 12-30-43 (b) Ludy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from July 10- 1938, to Dec 21 1943

that I last saw him alive on Dec 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death endocarditis 10 days

Due to old pericarditis 5 years

Due to _____

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

Major findings: _____
Of operations: _____

autopsy _____

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 P A Palmer (M. D. or other) _____
Address Mt Vernon Date signed 12-22-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 144-117

Date Filed JAN 27 1944

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 *J. B. Orr*

Licensed Embalmer No. 946

P. O. Address *Mt Vernon 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.