

FILED MAY 10 1944

State File No. _____

Registration District No. 292

Primary Registration District No. 6013-4001

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Clifton Hill
 (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 Randolph
 (c) City or town Clifton Hill
 (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 _____

3. (a) PRINT FULL NAME Mary Elizabeth Penton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife J. H. Penton 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased March 19 1880
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name James Glass
 13. Birthplace Don't know (City, town, or county) (State or foreign country)
 14. Maiden name Annie Kennedy
 15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Brooks
 (b) Address Clifton Hill, Missouri
 17. (a) burial (b) Date thereof 4/17/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom B. Batten
 (b) Address Huntsville, Mo
 19. (a) 5-2-44 (b) Mr. P. Dwyer
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
 year 1944 hour three minute 30 P.M.
 21. I hereby certify that I attended the deceased from 4-5-44
 _____, 19____ to 4-14, 1944
 that I last saw h. F.R. alive on 4-14, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis Duration 5 days

Due to influenza

Due to _____

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

Major findings: 33a
 Of operations _____
 Of autopsy _____

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) _____
 (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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature U. Noel Rain (M.D. or other) Do.
 Address Clifton Hill Date signed 4-18-44

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No. 10

District File Number 5-44-926

Date Filed MAY 9 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..... *Paul S. Patton*

Licensed Embalmer No. 4095

P. O. Address Hemetsville, W.

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.