S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21684

Registration District No. 142 — Primary Registration District No. 4231 — Registrar's No. 13

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No 1 (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town Mountain View Mo 0
(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 1 0

3. (a) PRINT FULL NAME Ralph S. Penninger
3. (b) If veteran, Name war #1
3. (c) Social Security No. No
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Grace Penninger
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March (Month) 26 (Day) 1894 (Year)

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

9. Birthplace Howell Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name W L Penninger
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Artmetia Robards
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ralph Penninger Jr
(b) Address Mountain View Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mountain View Mo
18. (a) Signature of funeral director John F Duncan
(b) Address Mtn View Mo
19. (a) 6/6/44 (Date received local registrar) (b) Ruth Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1944 hour 4 minute a.M.
21. I hereby certify that I attended the deceased from June 2nd 1944, to June 3rd 1944 that I last saw him alive on June 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 T. E. Ferrell (M. D. or other)
Address Mtn View Mo Date signed 6-6-44

1105

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1959

AUG 7 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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mountain View Cal.

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.