

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27396

FILED SEP 12 1944

Registration District No. 1

Primary Registration District No. 3006

State File No.

Registrar's No. 272

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON
(c) Name of hospital or institution 8 W. 7th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

WILLIAM E. PENNY

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 6 years (Month) (Day) (Year)

7. Birth date of deceased APR. 6 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name OK
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name OK
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant G. P. Sanders

(b) Address New Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New Bloomfield

18. (a) Signature of funeral director John Y. Maupin

(b) Address 712 Camp St. Fulton, Mo.

19. Aug 19, 1944 (Day) (Month) (Year) (c) Joan M. Moseley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town NEW Bloomfield (If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 18 1944 to Aug. 18 1944
that I last saw him alive on Aug. 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 Days

Due to 830

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(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 None

23. Signature Lloyd E. Hutchins (M. D. or other) D.O.

Address Fulton, Mo. Date signed 8/19/44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-9-44.....

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

Glen Y. Marple

Licensed Embalmer No.

2725

P. O. Address

Fulton, 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.