. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5766

Registration District No. 57 Primary Registration District No. 5181 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Friedheim Angelica Ck

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

(c) Name of hospital or institution: [illegible]

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Entire Life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Friedheim 16

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

(d) Street No. 0

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JAMES FRANCIS PENNY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Laura Penny

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct 17, 1859 (Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Oak Ridge (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. M. Penny
13. Birthplace Oak Ridge (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Susan Drum
15. Birthplace Oak Ridge (City, town, or county) Mo (State or foreign country)

16. (a) Informant [illegible] Penny

(b) Address Oak Ridge Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director [illegible]

(b) Address Jackson

19. (a) 2-14-45 (Date received local registrar) (b) Henry W. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1942, 19, to Feb 8, 1945 that I last saw him alive on 2-4-45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	4 days
Due to Arteriosclerosis	
Due to Mitral insufficiency	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations [illegible]
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 C M Wiedman (M. D. or other) D.O.

Address Perryville, Mo. Date signed 2/10/45

1328

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 345-359

Date Filed 3-10-45

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.