

FILED AUG 2 1945

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 4056

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Fresh  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 43 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County 12  
(b) City or town Fresh  
(If outside city or town limits, write "RURAL")  
(c) Street No. \_\_\_\_\_  
(If rural, give location)  
(d) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

H. C. PENROD

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 Married  
6. (b) Name of husband or wife R.B. Beard 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Dec 15 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Paris, Knaw Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Solomon Penrod  
13. Birthplace Paris Knaw (City, town, or county) (State or foreign country)  
14. Maiden name Paris Knaw  
15. Birthplace Paris Knaw (City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. C. Penrod  
(b) Address Fresh Mo

17. (a) Bureau (b) Date thereof July 23 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cash Home

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Butler Mo

19. (a) 7-27-45 (b) Belle Knaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 20 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from June 28 to July 19 1945  
that I last saw him alive on July 19 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Left Ventricular Failure  
Due to Chronic Myocarditis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 930

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Gordon H. [unclear] M.D. or other \_\_\_\_\_  
Address Fresh Mo Date signed 7/23/45

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

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RECEIVED

District Health Office No. 2,

District File Number 845-992

Date Filed 8-1-45

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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 Rayman Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.