

FILED NOV 30 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. _____

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 (Specify whether years, months or days)

In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell **4/2**

(c) City or town Mountain view, Missouri
(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 Palph S. Penninger Jr.

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 396162618

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 20th
year 1945 hour 6 minute 30 pm

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winona Penninger 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July, 7th 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 12, 1945, to Oct 20, 1945.
that I last saw him alive on Oct 14, 1945, and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Respiratory failure

Due to Bilateral Pneumothorax

Due to metastatic Carcinoma Sarcoidosis of lungs from primary of right breast

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

9. Birthplace Mountain View, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

Major findings: Of operations _____

Of autopsy H7d

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Palph S. Penninger Sr.

13. Birthplace Mountain View, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Grace Holt

15. Birthplace West Plains, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Penninger

(b) Address Mountain View, Missouri

17. (a) Burial (b) Date of burial Oct. 24, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain view, Cem.

18. (a) Signature of funeral director John F. Leman

(b) Address Mountain view, Mo

19. (a) 11-27-45 (b) Laura Mitchell
(Date received local registrar) (Registrar's signature)

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 H. Ferrell Jr. (M. D. or other) _____
Address Springfield Mo. Date signed 11/24/45

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

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AUG 20 1943

DEC 1 1945

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 Westview Rd

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.