

1. PLACE OF DEATH:
 (a) County Moniteau Co
 (b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
603 West St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 603 West St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter Audrey Pennington
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 7
 year 1945 hour 7 minute A. M.
 21. I hereby certify that I attended the deceased from March 2 1945 to Jan 7 1946
 that I last saw him alive on Jan 6 1946
 and that death occurred on the date and hour stated above.

4. Sex Male (1) 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased Jan 9 1945
(Month) (Day) (Year)

Immediate cause of death Acute Leukemia
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 740
 Of autopsy _____

8. AGE: Years Months Days If less than one day
11 29 hr. _____ min.
 9. Birthplace California, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 12. Name Clarence Pennington
 13. Birthplace Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Sylvia Holin
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

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

MOTHER FATHER

16. (a) Informant _____
 (b) Address _____
 17. (a) burial (b) Date thereof Jan 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cem., California
 18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo.
 19. (a) 1-9-45 (b) H.R. Robey
(Date received local registrar) (Registrar's name)

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.R. Robey (M.D. or other) D.O.
 Address California Date signed 1/19/46

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

RECEIVED

District Health Officer No. 0,

District File Number.....

Date Filed 2-11-46

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.

7757 Emb Sme

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.