

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17349

State File No. _____

FILED JUN 5 1946

Registration District No. 206

Primary Registration District No. 2042

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 in hospital or institution (Specify whether)

In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

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

(d) Street No. 136 S. Municipal - 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Ellen Penegar

3. (b) If veteran name war ✓

3. (c) Social Security No. 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour 9 minutes 50 P. M.

21. I hereby certify that I attended the deceased from May 1st, 1946, to May 14th, 1946
that I last saw her alive on May 14, 1946
and that death occurred on the date and hour stated above.

4. Sex J 1

5. Color or race W

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

6. (b) Name of husband or wife John Penegar

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 19 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 25
If less than one day hr. _____ min. 0

Immediate cause of death Angina Pectoris Duration Undetermined

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

10. Usual occupation Housewife

Due to _____

Due to _____

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

Major findings: Of operations 946

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Ed up Church

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

14. Maiden name Phodis

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Judell Penegar

(b) Address 1311 So. Maple

17. (a) B. (b) Date thereof 5-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian

18. (a) Signature of funeral director Wm. Helt

(b) Address Fredericktown, Mo.

19. (a) 5-16-46 (b) Florence Hicker
(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?
(Specify type of place) (e) Means of injury 2

While at work? _____

23. Signature Carl S. Hull (M. D. or other) D.O.
Address Fredericktown, Mo. Date signed 5-16-46

162530
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
District File Number 646-2168
Date Filed 6-4-46

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, ✓ by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John H. Helt
Licensed Embalmer No. 4264
P. O. Address Fredricks Town, Md

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.