S. No. 2
0M—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1947

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26697

Primary Registration District No. 4024

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
Barry Co. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 5

(a) State Missouri (b) County Barry 0

(c) City or town Butterfield, Mo. "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. N.E. Butterfield 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM MARSHALL PENNELL

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased May (Month) 20 (Day) 1913 (Year)

8. AGE: Years 34 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Barry Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business

FATHER
12. Name James Homer Pennell 0
13. Birthplace Barry Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Effie Pearl Smith
15. Birthplace Barry Co., (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Homer Pennell

(b) Address Purdy, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ 17/ 47 (Month) (Day) (Year)

(c) Place: burial or cremation Arnhart Cem.

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

(b) Address Cassville, Mo.

19. (a) July 28-1947 (Date received local registrar) (b) Grace Williams (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from May 1st, 1947, to July 15, 1947;
that I last saw him alive on July 15, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma	5 mo.
Due to: Teratoma right testicle	8 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5 10
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 0

23. Signature Bruce Newman (M. D. ~~or other~~)
Address Cassville, Mo Date signed 7-16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 847-846
Date Filed AUG 1 2 1947

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. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.