

FILED JUN 21 1948

Registration District No. 192

Primary Registration District No. 4716

Registrar's No. 19

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Noel Rural
(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 52 years
years, months or days

3. (a) PRINT FULL NAME Ernest Benjamin Penn
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 Mary Penn
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 9 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Grundy Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Benjamin Penn
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Campsey
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Penn
(b) Address Noel, Mo. R.R. 1

17. (a) Burial (b) Date thereof May 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Cemetery

18. (a) Signature of funeral director ERPyeatt
(b) Address Gravette Ark.

19. (a) 6-7-48 (b) Virginia Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald
(c) City or town Noel Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rx1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 8 1948 to May 12 1948
that I last saw him alive on May 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease
Duration 4 yr.

Due to _____
Due to _____

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

Major findings: Of operations 95
Of autopsy _____

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 2

23. Signature See Below R.R. (M. D. or other)
Address Pineville Mo Date signed 5/14/48

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

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

RECEIVED

District Health Officer No. 6,

District File Number 648-712

Date Filed JUN 18 1948

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 ER Pyatt

Licensed Embalmer No. 3211

P. O. Address Gravette, Ark

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.