No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33842

FILED OCT 19 1948

Registration District No. 346

Primary Registration District No. 3059

Registrar's No. 225

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. 421 Crane St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ronnie Darrell Penthberthy
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept (Month) 5 (Day) 1948 (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Flat River, Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business .....

FATHER
12. Name Taylor Penthberthy 0
13. Birthplace St. Francois, County, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice King
15. Birthplace Madison County, Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Alice Penthberthy
(b) Address Flat River, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cemetery
18. (a) Signature of funeral director Sparks
(b) Address Flat River, Mo
19. (a) 10-12-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th.
year 1948 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 16, 1948, to Oct 9th, 1948, that I last saw him alive on Oct 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Cause unknown	
Due to cause unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 158	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....

23. Signature S. A. Lanzafame (M. D. or other) mal
Address 228 E Columbia Farmington, Mo. Date signed 10-12-48

Jefferson City Printing Co. (Licensed Embalmer Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1048-12
Date Filed 10-18-48

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.