

U.S. No. 2
OM-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30997

FILED OCT 6 1944

State File No.

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution one day
years, months or days (Specify whether)

In this community 4 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Texas 999

(c) City or town Hooker 34
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 5

3. (a) PRINT FULL NAME Josephine Penniston Mantonya

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leon Mantonya 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 9, 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name John Penniston unknown

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

14. Maiden name Helen Fincks

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

16. (a) Informant Hooker, Oklahoma

(b) Address burial (b) Date thereof Sept. 14 - '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hooker, Oklahoma

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) Sept. 21, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th
year 1944 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1-8
1944 to 9-9, 1944
that I last saw her alive on 9-9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation 3

Due to Cirrhosis of liver 3

Due to chronic nephritis 3

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 131K

Of operations

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Ray B. Jordan (M. D. or other) 0
Address Windsor Mo Date signed 9-11-44

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

RECEIVED

Director of Health Officer No. 7,

District No. 10000 9-44-1106

Date Filed 10-5-44

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.....
E. M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.