		C HEALTH AND WE egistration District No	LPARK	ւ042 _{թ.։։}	nary Registr	ation Distr	100 ist No.)() Registra	63	O		STATE FILE NU	JMBER
ENDED	# jî		1961	042 _{rin}	iary kegisii	**************************************	10, 110, 110, 110, 110, 110, 110, 110,			·			
	1 7	. PLACE OF DEATH										If institution:	
		a. COUNTY Buch	anan					a. STATE	Missour:	i b. cou	Puc	hanan	admissio
	I	b. CITY (If outside cor		give TOWNS	HIP only)	Leng	oth of stay in 1b	c. CITY OR					Inside L
		TOWN	loseph.	Misson		1	ife	TOWN	St. J	aenh	Miss	mri	Yes _X .
	I	c. FULL NAME OF (If N	NOT in hospit	al, give locat	tion)	_ + ^	Inside Limits	d. STREE	T	(If c	utside, giv	e location)	Reside on
		HOSPITAL OR	irunes	Method	ist H	nanita	Yes No 🗆	ADDRE		Fel is	x Stre	eet	Yes 📋
											•		<u> </u>
.	3	. NAME OF DECEASED (Type or print)	f	First		Middl	•	Last	4. D)F	Month	Day	Y
.	l		WILLI	AM	<u> </u>	E.		PENTZ		ATH	June	20	19
	5	. SEX	6. COLOR (OR RACE	7. Marr		lever Married [BIRTH 9. A	GE (last b		F UNDER 1 YEAR	Hours
		Male	Wh	ite	Wido	wed 🗌	Divorced [4/3/1	874	87	"	viorins Days	nours
i	10	a. USUAL OCCUPATION I	(Give kind of	work done	10b. KINI	OF BUSIN	IESS OR INDUSTI		LACE (City and		country) 1	12. CITIZEN OF	WHAT COU
		during most of working Doctor of Me	g lite, eyen if edicine	t retired)	Do	ctor		St. J.	oseph, l	Misson	ari	U.S.A.	•
	13	a. FATHER'S NAME					R'S MAIDEN NA		<u> </u>			SBAND OR WIFE	
		John Edward	Penta			БT	mhemia I)oughert	v	Ter	well F	entz	
		. WAS DECEASED EVER	IN U.S. ARM			6. SOCIA	SECURITY NO.	17. INFORM	ANT	. 0.0		dress	
	(Y	es, no, or unknown) (If y	yes, give war	or dates of	service)	107-39	-2828	Mrs. J.	ewell P	entz	3040	Felix St	treet
	1	18. CAUSE OF DEATH	(Enter only or	ne cause per	line for (a	(b), and	c).	1 444 0		~~~~~	FZZ		TERVAL BE
	1 1	DADTI											
DOCUMEN.		Condition	IMMEDIA	CAUSED BY: TE CAUSE (a) DUE TO (b)	Ur D	Onio	nas	et je brak	of de line	al to		- Re	set and Lagar eval
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DOCON		Condition which gas above constaining the lying carry TI.	IMMEDIA: Is, if any, over rise to ause (a), the underpuse last. OTHER SIGI disease conditions are the underpuse last.	CAUSED BY: TE CAUSE (a) DUE TO (b) DUE TO (c) NIFICANT C: dition given i	PAU CONDITION IN PART I	lang solati solati solati						there a pregna	No 🗆
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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	(I) MG L
Student	Signed A aymond /8 proop
Signature of Student Embalmer	
	Licensed Embalmer No. 5/47
	P. O. Address of Joseph
with the above constitutes grounds for revocation of lie	·
If embalmed by a STUDENT, he also shall sign If this body is not embalmed, fact should be so	•
	4,