

REC'D JUN 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19263

Do not use this space.

1. PLACE OF DEATH

(a) County Monteagle Registration District No. 579
 (b) Township Harrison Primary Registration District No. 5793A
 or
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Pennington

(a) Residence, No. California Mo. R.R. 3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11th, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 7 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Maid
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lathan
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME W. D. Smith
 14. BIRTHPLACE (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Hickman
 16. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

17. INFORMANT W. J. Pennington
 (ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Woodman Cem. DATE 5-6 1939

19. FUNERAL DIRECTOR (NAME) H. N. Steffens
 (ADDRESS) Russellville, Mo.

20. FILED 5/10 1939 Jewell W. Phillips
 (Address) Russellville, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th, 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1939 to May 4 1939
 I last saw h. u alive on Feb 2 1939. Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:

ApoplexyStroke

Other contributory causes of importance:

General Debility

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Prof. E. Murrell
 (Signed) 50 (Address) Russellville, Mo.

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.....

G. N. Steffens

....., Registered Apprentice No.....

working under my personal supervision.

Signed

G. N. Steffens

..... Licensed Embalmer No 2307.....

P. O. Address Russellville, 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, above space should be left blank.