

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

Greene

- (a) County Greene
- (b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 1251 N. Robberson 2
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution Several Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Greene
- (c) City or town Springfield
(If outside city or town limits, write "RURAL.")
- (d) Street No. 1251 N. Robberson
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William Marshall Pennington

3. (b) If veteran, name war No 3. (c) Social Security No. 184-05-5664

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

6. (b) Name of husband or wife Oma Pennington 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb. 18 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Richmond W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman

11. Industry or business _____

MOTHER FATHER

- 12. Name Joseph L. Pennington
- 13. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)
- 14. Maiden name Emiline Whitt
- 15. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oma Pennington

(b) Address 1251 N. Robberson

17. (a) Burial (b) Date thereof 8 - 9 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W. Walnut, Springfield, Mo.

19. (a) 8-9-1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 7 to Aug 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Remorrhage - E.U. (Argument Livea)
(Include pregnancy within 3 months of death)

Major findings: (Cerebral) PHYSICIAN _____

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? 944

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

Signature W. E. Handley (M. D. or other) _____

Address Springfield Date signed 8/9/40

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

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 Hayd W. Ford
Licensed Embalmer No. 2910
P. O. Address 629 W. Walnut

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.