

BUREAU OF THE CENSUS
JAN 25 1941

State File No. _____

Registration District No. 865

Primary Registration District No. 6143

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Rural Cass
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 30 yrs. _____ (Specify whether)
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
 (c) City or town Rural Cass Tex near Elk Creek
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME Mary Elizabeth Pennington

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife James Pennington 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased March 9 1854
 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lee Co. Va.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Francis Thompson

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

14. Maiden name Elizabeth Center

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

16. (a) Informant John Pennington

(b) Address Elk Creek Mo

17. (a) Burial (b) Date thereof Dec 5 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Solo Cemetery Texasca 944

18. (a) Signature of funeral director Raymond V. Elliott

(b) Address Labool Mo

19. (a) Dec 12 - 1940 (b) Mrs Lou McMillin
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
 year 11 hour 45 minute 9 P. M.

21. I hereby certify that I attended the deceased from on 11/15/40
 _____ 19 _____ to _____ 19 _____
 that I last saw her alive on 11/15/40
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Ht. disease Senility

Due to _____
 Due to 95%

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underlines 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 _____

28. Signature Garnett Thompson (M.D. or other) _____
 Address Labool Mo Date signed 12/5/40

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

RECEIVED

District Health Officer No. 5,

District File Number 14/68

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.