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FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14922**

Registration District No. **427**

Primary Registration District No. **4253**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Madison

(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 ✓ years, months or days

3. (a) PRINT FULL NAME Isaac W. Penrose

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Ann Penrose

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May 15 - 1859

(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 6

If less than one day: hr. min.

9. Birthplace Indiana

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER {

12. Name UNKNOWN

13. Birthplace UNKNOWN

(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Penrose

(b) Address Holden Mo.

17. (a) Burial (b) Date thereof Apr 25 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery - Holden

18. (a) Signature of funeral director W. C. Goodman

(b) Address Holden Mo.

19. (a) Apr 24, 1941 (b) Thos H. Redford

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Holden

(If outside city or town limits, write "RURAL")

(d) Street No. Market ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22

year 1941 hour 3:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 8

1941 to April 22, 1941

that I last saw him alive on April 21, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 1716

Due to

Other conditions Arterio sclerosis & Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

3110 (Specify type of place)

While at work? (e) Means of injury

23. Signature Kelly Brawlin (M. D. or other) 0

Address Holden Mo. Date signed 4/24/41

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

RECEIVED
District Health Officer No. 8,
License Fee Number
Date Filed 5-13-41

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 Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holden, Md

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.