

Registration District No. 19

Primary Registration District No. 5026

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Atchinson
(b) City or town Rural Larkie W. Park
(If outside city or town limits, write "RURAL" and name of township)
(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 20 hrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchinson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME INFANT PENNINGTON

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3 4 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 20 hr. _____ min.

9. Birthplace Atchinson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Gilbert Pennington
13. Birthplace Bosworth Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fern Adams
15. Birthplace Right Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Pennington
(b) Address Larkie, Mo.

17. (a) Burial (b) Date thereof June 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grange Hall

18. (a) Signature of funeral director John M. Davis
(b) Address Larkie, Mo.

19. (a) June 4 1941 (b) Mary Chamberlain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1941 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 3
1941, to June 4, 1941;
that I last saw him alive on June 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth, Period of gestation 6 1/2 months.

Due to _____

Due to _____

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

Major findings: _____
• Of operations _____

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? _____

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

23. Signature W. O. Haswell (M. D. or other) 0
Address Larkie Mo. Date signed 6/5/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00W

300

W. T. P. V. 11. 27. 1967

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..... *W. M. Davis*
Licensed Embalmer No. *2394*
P. O. Address..... *Durbin, 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, fact should be so stated above.