No. 2
-1-4-4
-17-39
xze

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21987

State File No. 21987

Registration District No. 668 Primary Registration District No. 5894 Registrar's No. 221

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Georgetown RR #5 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Lodge (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis 80
(c) City or town: Georgetown - Sedalia RR #5 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: THOMAS J. PENN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband~~ or wife: Nannie Penn
6. (c) Age of ~~husband~~ or wife if alive: Unknown years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Unknown	Unknown		hr. min.

9. Birthplace: Sedalia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Dairyman & Farmer
11. Industry or business: Farm
FATHER 12. Name: Andrew J Penn
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza Wheeler
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Nannie Penn
(b) Address: Georgetown Mo
17. (a) Georgetown Mo (Burial, cremation, or removal) (b) Date thereof: June 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Georgetown Mo
18. (a) Signature of funeral director: F. E. Ferguson
(b) Address: Sedalia Mo
19. (a) 6/17/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 11-1942 to June 15-1942 that I last saw him alive on June 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Cl.	D.N.
Due to	
Due to	
Other conditions: Nephritis ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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): No
(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? (Specify type of place)
While at work? — (e) Means of injury: —
23. Signature: W. A. Beckemeyer (M. D. or other)
Address: Sedalia Mo Date signed 6/16/42

1622

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-42

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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

If this body is not embalmed, fact should be so stated above.

No. 2B
-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21987

Registration District No. 668 Primary Registration District No. 5894 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Rural
(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 years, months or days)
In this community: 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Thaman J. Penn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: B
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Nannie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 17 (Day) 1869 (Year)

8. AGE: Years 72 Months – Days 13 (If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 6-17-42 (Date received local registrar) (b) Mrs Emma Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 15 Day year 1942 hour 3 minute 20 P M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Ch.	D.K
Due to	
Due to	
Other conditions: Nephritis Chronic (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature W. A. Bechtemeyer (M. D. or other) M.D.
Address Sedalia Mo. Date signed 6-17-42

SUPPLEMENTARY