

STANDARD CERTIFICATE OF DEATH

25544

State File No. _____

FILED AUG 17 1942

Registration District No. 863256

Primary Registration District No. 6209

Registrar's No. 14

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RURAL PINEY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HOME 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 14R.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TEXAS / 09
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR ELK CREEK 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES M. PENNINGTON

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife MARY PENNINGTON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT 13 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 17 If less than one day hr. min.

9. Birthplace VA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN PENNINGTON

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name PATIENCE DALTON 4
(City, town, or county) (State or foreign country)

15. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. R.L. PIPKIN

(b) Address HOUSTON, MO.

17. (a) BURIAL (b) Date thereof 5/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE

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

(b) Address Houston, Mo.

19. (a) 5/1/42 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 30
1942 year 2 hour minute 9 A.M.

21. I hereby certify that I attended the deceased from MAY 24 1942 to APR. 30 1942
that I last saw him alive on APR. 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death PYELONEPHRITIS
Duration _____

Due to CHRONIC PROSTATISM

Due to _____

Other conditions (Include pregnancy within 3 months of death) 137a

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? _____

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

23. Signature _____ (M.D. or other) _____
Address _____ Date signed 4-30-42

1240 (Licensed Embalmer's Statement on Reverse Side)

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

07
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RECEIVED.

District Health Officer No 8,

District File Number 749571

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.