

FILED JAN 14 1943 318

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 11062

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Hospt  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. <sup>96</sup>

(c) City or town 2300A Big Bend <sup>5</sup>  
(If outside city or town limits, write "RURAL") <sup>3 NR</sup>

(d) Street No. Maplewood (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Vaughn Thomas Penn

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal Penn 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept. 3, 1897  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>45</u> | <u>3</u> | <u>28</u> | hr. min.             |

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

10. Usual occupation Inspector

11. Industry or business McQuay-Norris

12. Name Taylor Penn

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

14. Maiden name Alice Little

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

16. (a) Informant Opal Penn

(b) Address 2300a Big Bend

17. (a) Removal (b) Date thereof 1-4-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) DEC 31 1942 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Regurgitation  
Cardiac Hypertrophy

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

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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)  
Means of injury.....

23. Signature Thomas F. Callaway (M. D. or other)  
Address Deputy Coroner Date signed 1-4-43

**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..... *J. P. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

**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.**