

FILED APR 8 1943
Registration District No. 1693

Primary Registration District No. 42405618

Registrar's No. 90

52
00

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

1. PLACE OF DEATH:

(a) County Mo

(b) City or town Baring (Russell)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Mo

(c) City or town Baring (Russell)
(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 Unamed Pennington

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1943 hour _____ minute 10 M.

4. Sex M

5. Color or race W

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 Feb 28 43
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on Feb 28 1943
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr. 3 min.

Immediate cause of death: Pneumonia

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 159

10. Usual occupation _____

11. Industry or business _____

12. Name Elmer Pennington

13. Birthplace Not Baring Mo
(City, town, or county) (State or foreign country)

14. Maiden name Leama Ford

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

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Elmer Pennington

(b) Address _____

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof March 1-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director L. Kelly

(b) Address Edwards Mo

19. (a) March 5-43 (Date received local registrar)

Thelma Northcutt (Registrar's signature)

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 _____

Signature H.G. Schmitz (M. D. or other) 809

Address Baring Date signed 3/1/43

RECEIVED

District Health Officer No. 10

4-43-652

APR 7 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Geo B Easley Jr

Licensed Embalmer No.

3775

P. O. Address

Surdland 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.