

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 101

Primary Registration District No. 5400

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rural Cass, Mo.  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Rural Cass, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Near Landon - Mo  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William Pennington

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

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 Apr. 25 1940  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1943 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 15 1943 to Oct 18 1943  
that I last saw him alive on Oct 18 and that death occurred on the date and hour stated above.

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

2	4	13	hr. min.
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9. Birthplace Douglas Mo.  
(City, town, or county) (State or foreign country)

Immediate cause of death Lung cancer Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 10

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name John Pennington

13. Birthplace Douglas Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hutcheson

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

16. (a) Informant's own signature John Pennington  
(b) Address Denzow, Mo.

17. (a) Burial (b) Date thereof Oct. 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denzow Cemetery

18. (a) Signature of funeral director None  
(b) Address \_\_\_\_\_

19. (a) 12-1-43 (b) Mr. J. R. Spaulock  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature L. L. Wagner (M. D. or other) \_\_\_\_\_  
Address Norwood Mo Date signed Oct 19 1943

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
OFFICE No. 5,  
144-114  
Date Filed JAN 27 1944

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**