

FILED MAY 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16392

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 545

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

William Pennell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Virginia Pennell
6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased May 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 13
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Hugh Pennell
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Beeler
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Pennell
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof May 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address O. Pennell

19. (a) 5-17-45 (b) Helen J. Pickle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 24 - 1944 to May 14 - 1945
that I last saw him alive on May 14 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decomposition	2 1/2 hrs
Coronary Arteriosclerosis	?
Hypertension	?
Renovascular Arteriosclerosis	
Coronary Insufficiency	

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

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?

23. Signature L. R. Howler (M.D. or other) M.D.
Address 620. Truman St. Date signed 5-18-45
(Specify type of place) (e) Means of injury

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

MOTHER FATHER

1377

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 James H. Pettigah

Licensed Embalmer No. 3092

P. O. Address Oregon 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.