

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

FILED SEP 30 1946

Registration District No. **17** Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County St. Louis County

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

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

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 1033 N. Lormer
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jackie Lloyd Penny

3. (b) If veteran, name war _____ 3. (c) Social Security No. N11

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. 24 1932
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16
year 46 hour 12:41 minute P M.

21. I hereby certify that I attended the deceased from Sept 4, 1946, to Sept 16, 1946
that I last saw him alive on 9-16-46
and that death occurred on the date and hour stated above.

8. AGE: Years 11 Months 9 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death: Respiratory Failure
with hemiparesis Duration 15 min

Due to Acute leukemia 5 weeks

Due to Acute Anemia

Other conditions: None

9. Birthplace: Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Penny

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

14. Maiden name Cora Bowman

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

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN _____
Underline the cause to which death should be charged statistically:

16. (a) Informant Lloyd Penny

(b) Address 1033 N. Lormer, Cape Girardeau

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/16/46
(Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Haman Funeral Home

(b) Address Cape Girardeau, Mo.

19. (a) 9-18-46 (Date received local registrar)

(b) Richard D. [Signature] (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place)

(c) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address 634 N. Grand Date signed 9-16-46

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

30103

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.....
Rex Campbell

Licensed Embalmer No.....
3881

P. O. Address.....
W. Davis, 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.