

FILED DEC 13 1946

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 405

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days.
(Specify whether years, months or days)
In this community 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Road Dist. No. 3 near Dongola
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL W. PENROD

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Penrod 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 2nd, 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 25 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Barnabas Penrod

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

14. Maiden name Rachel Karraker

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

16. (a) Informant Ella Penrod

(b) Address Dongola, Illinois.

17. (a) Burialship (b) Date thereof Nov. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cemetery

18. (a) Signature of funeral director Elmer Ford

(b) Address Dongola, Illinois.

19. (a) 12-2-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-27-46
1946, to 11-27-46
that I last saw him alive on 11-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
hypostatic
Due to Prostatic Surgery 37 B

Due to _____
Other conditions Paralysis agitans
(Include pregnancy within 3 months of death)

Major findings: Benign Prostatic Hypertrophy
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 D. R. ... (M. D. or other) _____
Address 801 a Broadway Date signed 12-1-46

Duration 5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

4 B

RECEIVED

Health Officer No. 4
File Number 1246-295
12-9-46

JAN 7 1948

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

Elmer Ford
Licensed Embalmer No. 4540
P. O. Address Dongola, Ill

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.