

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8234
Registrar's No. 1

Registration District No. 57 Primary Registration District No. 4081

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

1. PLACE OF DEATH:
(a) County CANNOLL
(b) City or town Bosworth, Mo
(c) Name of hospital or institution: 1
(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 MO (b) County CANNOLL
(c) City or town Bosworth
(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 CHARLES JEFFERSON PENNINGTON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb, day 18, year 1947 hour 2:00 minute _____ M.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ada B. Pennington
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased MAY 5 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 to Feb 19, 1947, that I last saw him alive on Feb 18, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 9 13 hr. _____ min.

Immediate cause of death Coronary clot
Due to Endocarditis & Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace JAMESTOWN MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER
11. Industry or business _____
12. Name CHRISTOPHER E. PENNINGTON
13. Birthplace MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name WILLIBRDA BRADENBAUGH
15. Birthplace MO
(City, town or county) (State or foreign country)
16. (a) Informant Mrs Charles J. Pennington
(b) Address Bosworth Mo
17. (a) Burial (b) Date thereof 3-30-47
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation Big CREEK CEMETARY
18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth Mo
19. (a) Feb 19, 1947 (b) Pearl Koch
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 W. H. Post (M. D.)
Address Bosworth Mo Date signed Feb 19 1947

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-21-47

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, ~~only~~ _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed David J. Edwards
Licensed Embalmer No. 3265
P. O. Address Boworth m

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.