S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30045

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 164

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State School Rural 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yr. 5 mo. 7 da (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carroll 97

(c) City or town: Norborne 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Walter Floyd Pennisten

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: Single

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 3 (Month) 18 (Day) 1922 (Year)

8. AGE: Years 25 Months 4 Days 20 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: None

11. Industry or business

MOTHER FATHER

12. Name: J. W. Pennisten

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

14. Maiden name: Cleo Colgan

15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Records Mo. State School

(b) Address: Marshall Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Antioch Cemetery Carroll Co Mo.

18. (a) Signature of funeral director: Harry Hershberger

(b) Address: Marshall Mo

19. (a) Aug 8-47 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 1947 hour 7 35 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 1947 to 8-8- 1947 that I last saw him alive on 8-8- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myeconditis — Duration ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: R. O. Kelly (M. D. or other)

Address: Marshall, Mo Date signed 8/9/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number.....
Date Filed 8-29-47

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, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall 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.