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4-8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30733

FILED OCT 7 1947

Registration District No. 7

Primary Registration District No. 4136

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)
(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 74 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton²⁵
(c) City or town Plattsburg³
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Fred Pennoyer

3. (b) If veteran, name war 1 2 3 4 5 (c) Social Security No. 2 5

4. Sex male 5. Color or race col 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 Oct 17 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER

12. Name NOT KNOWN 9

13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN 9

15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Old age Assistance Records

(b) Address Plattsburg Mo.

17. (a) Burial (b) Date thereof 9/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director D. W. Lyon

(b) Address Plattsburg Mo.

19. (a) Sept 8-47 (b) Bernice Chastan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1947 hour ? minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration unknown

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 900
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:

(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 3

23. Signature L. H. Templeman (M. D. or other) 3

Address Cameron Date signed 9/8/47

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 Danell D. Lyon

Licensed Embalmer No: 3640

P. O. Address Plattsburg 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.