

BUREAU OF THE CENSUS
FILED JUN 15 1948
257

Registration District No. _____

Primary Registration District No. 5881

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Bland Mo R.D. 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME John Wesley Pennington

3. (b) If veteran, name war World War 1 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Alta Tyree 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 15 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 9 hr. _____ min.

9. Birthplace Koenig Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Thos Pennington

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

14. Maiden name Melissa Branson

15. Birthplace College Hill Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.W. Pennington

(b) Address Bland Mo R.D. 3

17. (a) Burial (b) Date thereof 5E29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation College Hill

18. (a) Signature of funeral director Clyde M. ...

(b) Address Linn Mo

19. (a) May 28 - 1948 (b) J. A. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Bland Mo. R.D.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 7:0 minute 25 PM.

21. I hereby certify that I attended the deceased from May 3, 1948, to May, 1948
that I last saw him alive on May 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Cancer of the sigmoid colon

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury _____

23. Signature R. A. Schouhalski (Date signed) 5/27/48
Address Belle, Mo

Duration 12 hrs.
18 months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

JUN 16 1948

JUN 17 1948

JUN 28 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin

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.