

FILED AUG 31 1948

State File No. \_\_\_\_\_

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 267

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 11 Days  
(Specify whether  
In this community 11 Days  
years, months or days)

3. (a) PRINT FULL NAME JOHN WILLIAM PENROD

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug 11, 1948  
(Month) (Day) (Year)

8. AGE: Years - Months - Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Ins

11. Industry or business \_\_\_\_\_

12. Name John Penrod

13. Birthplace Nellys Landing Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Lee Macke

15. Birthplace Cape Girardeau Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Penrod

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof Aug 23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director H.C. Crum

(b) Address Jackson Mo

19. (a) 8-26-48 (b) W.C. Summer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23  
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 11, 1948 to Aug 22, 1948;  
that I last saw him alive on Aug 22, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia atelectases Duration 2 days

Due to ?

Due to \_\_\_\_\_

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

Major findings: WV  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature T.E. Ruff (M. D. or other) no

Address Jackson Mo Date signed 8/23/48

RECEIVED

Maricopa Health Officer No. 4

District File Number 848-

Date Filed 8-30-

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**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 Gene C. Croug

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**