

FILED APR 22 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12834

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 2028		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		a. STATE Missouri		b. COUNTY Jasper	
c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		d. STREET ADDRESS (If rural, give location) 326 E. Sixth St.		29	
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 E. Sixth St.				d. STREET ADDRESS (If rural, give location) 326 E. Sixth St.			
3. NAME OF DECEASED (Type or Print)		a. (First) ROLLO		b. (Middle) PENN		c. (Last)	
4. DATE OF DEATH		(Month) April		(Day) 18,		(Year) 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 1, 1888		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) CarrOll Co., Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Owen C. Penn		13b. MOTHER'S MAIDEN NAME Alice Rowland		14. NAME OF HUSBAND OR WIFE Archie Penn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rollo Penn, 326 E. 6th, Carthage			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Paralysis agitans (Parkinsons Disease)				5 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3507					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-7-1945, to 4-9-1949, that I last saw the deceased alive on 4-9-1949, and that death occurred at 3:20 a m., from the causes and on the date stated above.							
23a. SIGNATURE Russell Smith (Degree or title)				23b. ADDRESS Carthage Mo		23c. DATE SIGNED 4-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Hart Cemetery		24d. LOCATION (City, town, or county) (State) Newton County, Missouri	
DATE REC'D BY LOCAL REG. 4-20-49		REGISTRAR'S SIGNATURE R. B. Clinton, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary		ADDRESS Carthage, Mo.	

Per. n. Ferguson (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

6/21/17 8:27

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Frank W. Knull

Signed _____
Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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.