

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 27 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1865

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Monticau  
(b) City or town Union Twp Rural  
(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 years, months or days)

3. (a) PRINT FULL NAME Rosa Belle Pennington

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

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

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

7. Birth date of deceased Oct 31 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 3 1 hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name James H. Harris

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

14. Maiden name Lucinda Ellen McElhenny

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

16. (a) Informant Golden Pennington

(b) Address Jamestown Mo

17. (a) Burial (b) Date thereof Jan 24 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Chas Fullin

(b) Address Jamestown Mo

19. (a) 1-22-1947 (b) Yada M. Snow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile South East of Jamestown Mo.  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23  
year 1947 hour 4 minute 59 M.

21. I hereby certify that I attended the deceased from Jan 1 1947  
that I last saw her alive on Jan 21 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic arthritis deformans

Due to 2447

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 59B  
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) (e) Means of injury 0

23. Signature A. R. W. Smith (M.D. or other)

Address Jamestown Mo Date signed 1-24-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number 1-24-47  
Date Filed

1847-1-22  
1874-10-21  
723-1

### 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 Henry L. C. Williams  
Licensed Embalmer No. 3537  
P. O. Address California 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.