

DECEASED—NAME First Middle Last 1. <u>Jessie Margaret Penny</u>			SEX 2. <u>F</u>	DATE OF DEATH (Month, Day, Year) 3. <u>Nov. 2, 1975</u>	
RACE (White, negro, american indian, etc. (Specify)) 4. <u>W</u>	AGE—Last birthday (years) 5a. <u>101</u>	UNDER 1 YEAR 5b. <u>10</u>	UNDER 1 DAY 5c. _____	DATE OF BIRTH (Month, Day, Year) <u>Oct. 23, 1874</u>	COUNTY OF DEATH 1a. <u>Brown</u>
CITY, VILLAGE, OR LOCATION OF DEATH 7b. <u>Mt. Orab</u>		INSIDE CITY LIMITS (Specify yes or no) 7c. <u>NO</u>	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7d. <u>RR #2, Box 129</u>		
STATE OF BIRTH (If not in U.S.A., name country) 8. <u>OH</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 10. <u>never married</u>		SURVIVING SPOUSE (If wife, give maiden name) 11. _____	

SOCIAL SECURITY NUMBER 12a. <u>299-48-1123 JI</u>	WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 12b. <u>NO</u>		KIND OF BUSINESS OR INDUSTRY 13b. <u>Own Home</u>		
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. _____		RESIDENCE—STATE COUNTY CITY, VILLAGE OR LOCATION INSIDE CITY LIMITS (Specify yes or no) STREET AND NUMBER 14a. <u>OH</u> 14b. <u>Brown</u> 14c. <u>Mt. Orab</u> 14d. <u>NO</u> 14e. <u>RR #2, Box 129</u>			

FATHER—NAME First Middle Last 15. <u>Lafayette Penny</u>			MOTHER—MAIDEN NAME First Middle Last 16. <u>Mary Emma (Francis)</u>		
INFORMANT—NAME 17a. <u>Margaret Wilson</u>			MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip) 17b. <u>RR #1, Box 23, Hamersville, OH 45130</u>		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <u>CVA</u>	(b) <u>Marked G.A.S.</u>	<u>Inst.</u>
PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a))		AUTOPSY (Yes or no) IF YES, were findings considered in determining cause of death 19a. <u>NO</u> 19b. _____

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify) 20a. _____	DATE OF INJURY (Month, Day, Year) 20b. _____	HOUR 20c. _____	HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18) 20d. _____
INJURY AT WORK (Specify yes or no) 21a. _____	PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify)) 21b. _____	LOCATION (Street or R.F.D. no., city or village, state, zip) 21c. _____	

CERTIFICATION—PHYSICIAN I ATTENDED THE DECEASED FROM 21a. <u>Aug '75</u>	TO 21b. <u>11 2 75</u>	AND LAST SAW HIM/HER ALIVE ON 21c. <u>10 28 75</u>	I DID NOT VIEW THE BODY AFTER DEATH. 21d. _____	DEATH OCCURRED (HOUR) (M.) 21e. _____	At the place, on the date, and to the best of my knowledge, due to the cause(s) stated.
CERTIFICATION—CORONER. On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated.		Hour of death 22a. _____	The decedent was pronounced dead (Month Day Year Hour) 22b. _____		

CERTIFIER—NAME (Type or print) 23a. <u>John R. Donahoo, M.D.</u>	SIGNATURE 23b. <u>John R. Donahoo, M.D.</u>	Degree or title 23c. _____	DATE SIGNED 23d. <u>11-15-75</u>
MAILING ADDRESS—CERTIFIER 23e. <u>11 W. Cherry St</u>		STREET OR R.F.D. NO. 23f. _____	CITY OR VILLAGE STATE ZIP 23g. <u>Gayton Ohio 45721</u>

BURIAL, CREMATION (Specify) 24a. <u>Burial</u>	DATE 24b. <u>11/5/75</u>	NAME OF CEMETERY OR CREMATORY 24c. <u>Confidence Cemetery</u>	LOCATION (City, village, or county) (State) 24d. <u>Georgetown Ohio</u>
NAME OF EMBALMER 25. <u>Edwin Lee Kennedy</u>	(LIC. NO.) 25a. <u>4507A</u>	FUNERAL DIRECTOR'S SIGNATURE 26. <u>Dan M. Stevens</u>	(LIC. NO.) 26a. <u>5457</u>
FUNERAL FIRM AND ADDRESS 27. <u>Kennedy-Stevens F.H.Inc., 315 W. Plane St.</u>		(STREET NO.) 27a. _____	(CITY) (STATE) (ZIP) 27b. <u>Bethel, OH 45106</u>
DATE REC'D BY LOCAL REG. 28. <u>11-19-75</u>	REGISTRAR'S SIGNATURE 28a. <u>Grace Murphy</u>	DATE PERMIT ISSUED 29. <u>11/4/75</u>	SIGNATURE OF PERSON ISSUING PERMIT (LIC. NO.) 30. <u>Dan M. Stevens 1300</u>

DECEASED  
 PARENTS  
 CAUSE  
 PHYSICIAN CERTIFIER  
 CORONER CERTIFIER  
 BURIAL  
 U.S. GPO: 1975 O-315-08 Rev. 8-73