

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6811

RECEIVED MAR 20 1941

Registration District No. 2

Primary Registration District No. 4161

Registrar's No. _____

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

008

1. PLACE OF DEATH:

(a) County W. Kalb

(b) City or town Union Star, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

8. (a) PRINT FULL NAME JENNIE PARDEE

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

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

6. (b) Name of husband or wife John Pardee 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 7, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Andrew Co. O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Minter

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

{ 14. Maiden name Martha Williams

{ 15. Birthplace O
(City, town, or county) (State or foreign country)

16. (a) Informant John Pardee

(b) Address Union Star

17. (a) _____ (b) Date thereof Feb. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 2-5-41 (b) E. M. Reynolds
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County W. Kalb

(c) City or town Union Star, Mo
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Feb 5, 1941
that I last saw him alive on Feb 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 6 months Duration

Due to Arterio Sclerosis

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 237

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

23. Signature E. M. Reynolds (M. D. or other) 0

Address Union Star Mo Date signed 2-5-41

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 Lucile M. Wilson
Licensed Embalmer No. 2830
P. O. Address King City, 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, above space should be left blank.