

FILED NOV 19 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **374**

1. PLACE OF DEATH:

(a) County **Pettis**  
 (b) City or town **Sedalia**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**400 N. Montevau 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
**15 yrs** (Specify whether  
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis 80**  
 (c) City or town **Sedalia** (If outside city or town limits, write "RURAL")  
 (d) Street No. **400 N. Montevau** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **LOUISE PENDLETON**

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **11 20 1914**  
 (Month) (Day) (Year)

8. AGE: Years **33** Months **20** Days **20** If less than one day hr. min.

9. Birthplace **Pettis Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Silas Dusley**

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

14. Maiden name **Ella Lewis**

15. Birthplace **Saline Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Silas Dusley**

(b) Address **Sedalia Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-12-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Finnish Creek Saline Co**

18. (a) Signature of funeral director **J. D. Ferguson**

(b) Address **117 E. Jefferson Sedalia Mo**

19. (a) **11-12-47** (Date received local registrar) (b) **Betty Yeager** (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **9<sup>th</sup>** year **1947** hour **Four** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov 8 - 1947** to **Nov 9 - 1947** that I last saw her alive on **Nov 9 - 1947** and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

**Coronary Occlusion**

Due to **myocarditis**

Due to

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations **93E**

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 **A. R. Maddox** (M. D. or other) **MD**

Address **162 W. Main** Date signed **11-12-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3,

District File Number \_\_\_\_\_

Date Filed 11-18-47

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.