

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1926  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Barry Registration District No. 36  
 (b) Township Sugar Creek Primary Registration District No. 5052 Registered No. ....  
 (c) City Seligman (d) Street No. ....  
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 2. PRINT FULL NAME John (Foster) Pendergraft, 53  
 (a) Residence, No. Seligman mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
0      0      0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seligman Missouri

FATHER  
 13. NAME Jewell Pendergraft  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seligman Missouri

MOTHER  
 15. MAIDEN NAME Fern Nagener  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dakota

17. INFORMANT (ADDRESS) Jewell Pendergraft Seligman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seligman DATE 1/22/38

19. FUNERAL DIRECTOR (ADDRESS) Family

20. FILED 1-22-38 Pellie S. Hunt Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1938  
 22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1938, to Jan 21, 1938  
 last saw him alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 10:45 m.  
 The principal cause of death and related causes of importance were as follows:

Still born.  
**RECEIVED**  
 FEB 21 1938  
 Other contributory causes of importance:  
 Date of onset

BUREAU OF VITAL STATISTICS  
 MISSOURI STATE BOARD OF HEALTH  
 Name of doctor Dr. Charles R. Brown Date of 1/22/38  
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) Jewell Pendergraft M. D.  
 (Address) 1121 S. Main St. Seligman, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**