

6650 JAN 24 1938

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

43766
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3019 Registered No. 339
 (c) City Hannibal (d) Street No. 2004 Kingshighway St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephen Pardee
 (a) Residence, No. 2004 Kingshighway St. Little York, Ill.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Pardee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13-1874
 7. AGE YEARS 64 MONTHS 5 DAYS 13 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator of farm
 9. Industry or business in which work was done, as saw mill, bank, etc. Self-employed
 10. Date deceased last worked at this occupation (month and year) 5 yrs ago 11. Total time (years) spent in this occupation 7
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northsburg, Ill.
 FATHER 13. NAME David Pardee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 MOTHER 15. MAIDEN NAME Sophia Green
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT Myrtle Dixon
 (ADDRESS) Hannibal, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Monmouth, Ill. DATE Dec 26 1938
 19. FUNERAL DIRECTOR Ray P. Schwartz
 (ADDRESS) Hannibal, Mo.
 20. FILED Dec 27 1938 H. C. Fisher
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1938
 22. I HEREBY CERTIFY, That I attended deceased from 12-26 1938, to 12-26 1938.
 I last saw him alive on 12-26 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
 Other contributory causes of importance: Cardio failure
 Name of operation none Date of none
 What test confirmed diagnosis? clinical Was there an autopsy? no
 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? no
 If so, specify _____
 (Signed) James S. Suddick, M. D.
 (Address) Hannibal, Mo.

Date of onset 12-25-38
12-26-38

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

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.)