

No. 2
1-10-39
17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30999
3562
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH, Jackson
(a) County _____
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
122 N. Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 years
years, months or days)

8. (a) PRINT FULL NAME Wm. D. Pence
8. (b) If veteran, name war None 8. (c) Social Security No. 190-09-2004

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie Pence 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Wm. D. Pence
Feb. 12, 1869 (Month) (Day) (Year)
8. AGE: Years 71 Months 6 Days 28 If less than one day hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.
10. Usual occupation Drill Press Operator
11. Industry or business Gleaner Harvester Corp.
12. Name Adam Pence
13. Birthplace _____ (City, town, or county) (State or foreign country) Ky
14. Maiden name Alice Smith
15. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

16. (a) Informant Mrs. Nola McGuire
(b) Address 122 N Quincy.
17. (a) Removal (b) Date thereof Sept. 12-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo.
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address K.C. Mo.
19. (a) Sept. 11, 1940 (Date received local registrar) (b) M. M. Berowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 122 N. Quincy
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 10th
year 1940 hour 9 minute 43 AM.

21. I hereby certify that I attended the deceased from July 1 1940 to Sept. 10 1940
that I last saw him alive on Sept. 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral thrombosis
Due to Cerebral thrombosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 95B
Major findings:
Of operations _____
Of autopsy _____

Duration
3 3/4
24
36 days
PHYSICIAN
95B
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 R. L. St. Clair (M. D. or other)
Address 72 x 2 St. Paul Date signed 9-11-40

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address J. C. 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.