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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **9636**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1045**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2001 Wyandotte Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community 37 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1918 East 31st Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CECIL McFARLAND PENDLAND
 (b) If veteran, name war None
 (c) Social Security No. 486-10-7146

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 12-41
 year _____ hour _____ minute 25 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Betty Mae Pendland
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Oct. 10 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw the deceased on _____ 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death
Acute Pulmonary Congestive Heart Failure
 Due to Coronary Arteriosclerosis & Occlusion
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Missouri (City, town, or county) _____ (State or foreign country) 0
 10. Usual occupation Truck Driver

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Kenis Pendland
 13. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) 1
 14. Maiden name Lyna Johnson
 15. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) 1

16. (a) Informant Mrs. Betty Mae Pendland
 (b) Address 1918 East 31st Street
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-14-41
(Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

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? _____

18. (a) Signature of funeral director Mrs. C.L. Foster
 (b) Address 718 Brooklyn
 19. (a) 3-13-41 (Date received local registrar) (b) M.M. Crowe (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 3
 23. Signature Quellw... (M. D. or other) _____
 Address _____ Date signed _____

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed J. C. [Signature]

Licensed Embalmer No. 4879

P. O. Address K. C. [Signature]

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.