

S. No. 2
4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42020

JAN 8 1942 403

Primary Registration District No. 5557

Registrar's No. _____

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Brookings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 55th + Northern Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Mr. Henry Pendleton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased: Jan 28 - 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 1 27 hr. _____ min.

9. Birthplace Jackson Co.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Alfred Pendleton

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H Lewis Pendleton

(b) Address 55th + Northern Blvd K.P. No. 2123

17. (a) Rural (b) Date thereof March 26, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Otto + Mitchell

(b) Address Independence, Mo.

19. (a) Mar. 26, 1941 (b) A.M. Kuback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 55th + Northern Blvd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 21, 1941, to Mar 25, 1941,
that I last saw him alive on Mar 25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94a

Of operations _____

Of autopsy _____

Duration of illness _____
Cause of death _____
Cal. Bur. 10

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)

(c) Means of injury _____

23. Signature John A. Caldwell (M. D. or other) MD

Address Kansas City, Mo. Date signed 3/25/41

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 Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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, fact should be so stated above.