No. 2
1-4-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1942

Registration District No. 6 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5 8 5 7

State File No. 3091

Registrar's No.

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

7 8 0

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural. Bayou Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ozark 77

(c) City or town Rural. Bayou 77
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? NO. ~~[illegible]~~ (~~Yes or~~ No)

If yes, name country .....

3. (a) PRINT FULL NAME Roye Kenneth Pendergrass

3. (b) If veteran, name war NO

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Oct (Month) 7 (Day) 1940 (Year)

8. AGE: 1 Years | Months 2 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Fulton Co (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation none

11. Industry or business .....

FATHER
12. Name Roy Pendergrass
13. Birthplace Fulton Co (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Nassellina Shrade
15. Birthplace Fulton Co. (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Norton Pendergrass
(b) Address Bakersfield, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bakersfield, Mo

18. (a) Signature of funeral director none
(b) Address .....

19. (a) Jan 5 1942 (Date received local registrar) (b) C A Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1942 hour 7 minute a M.

21. I hereby certify that I attended the deceased from died unattended, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death burned to death by falling into an open fire	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature C A Beach MD (M. D. or other)
Address Elijah, Mo Date signed 1-5-42

580

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 242-153
Date Filed FEB 4 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3091

Registration District No. 647 Primary Registration District No. 5857 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Roye K. Pendergrass
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: m
5. Color or race: w
6. (a) Single, widowed, married, divorced: s
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct (Month) 7 (Day) 1941 (Year)
8. AGE: Years 1 Months 2 Days 28 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Burned to death. — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) accidental
(b) Date of occurrence Jan 6 1942
(c) Where did injury occur? in home (City or town) Ozark (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home. was tied in high chair while parent (Specify) (place) feeding stock
(e) While at work? (f) Means of injury
I think burned only in to open fire
23. Signature C A Beach MD (M. D. or other)
Address Elijah, Mo. Date signed 8-8-42

SUPPLEMENTARY