

FILED FEB 18 1943

State File No.

Registration District No. 169

Primary Registration District No. 4263

Registrar's No. 74

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**
(c) City or town **Novelty**
(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 **Worth Pendery**

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 **Single**

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

7. Birth date of deceased **Sept - 26 - 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 **I** **18** ..hr.min.

9. Birthplace **Novelty Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (retired)**

11. Industry or business

12. Name **Richard T. Pendery**
13. Birthplace **uk Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Ross**
15. Birthplace **Georgetown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Howard Hard**
(b) Address **Independence Mo**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Jan-10-1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Novelty, Mo.**

18. (a) Signature of funeral director **Keith Hudson**
(b) Address **Edina, Missouri**
19. (a) **Jan 14 - 43** (b) **Wille Northcutt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **5**
year **1943** hour **9** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Jan 7**
..... 19 **43** to **Jan 8** 19 **43**
that I last saw him alive on **Jan 8** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular renal disease**
Due to **Nephritis**
Duration **1940 to 1943**

Other conditions (include pregnancy within 3 months of death) **12/6**

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?

While at work?..... (Specify type of place) (a) Means of injury **2**

23. Signature **E. O. Johnson, D.O.**
Address **Novelty Mo** Date signed **Jan 12 - 43**

RECEIVED

District Health Officer No. 10

District File Number 2-43-336

Date Filed FEB 16 1943

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.