

Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Farmington, St. Francois
(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
In this community thirty years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edmond Pendergrass

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 22 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edmond Pendergrass

13. Birthplace White Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Clark

15. Birthplace White Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant J. Stroct

(b) Address Benton, Mo RT

17. (a) Burial (b) Date thereof June 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Libertyville Mo

18. (a) Signature of funeral director Constance

(b) Address Farmington Mo

19. (a) June 13 1943 (b) Pauline Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL" and give location)
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 43 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 7 43 to June 10 43
that I last saw him alive on June 10 43
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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. P. Peabry (M. D. or other)
Address Farmington Mo Date signed 6-14-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14
0
0

RECEIVED

District Health Officer No. 4
District File Number 243-2379
Date Filed 7-6-43

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..... *Offozee*

Licensed Embalmer No. 4084

P. O. Address Lanington, Va

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.