

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24223

State File No. _____

FILED AUG 1942 2

Registration District No. _____

Primary Registration District No. 5012

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Empire 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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural
(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 Wanda Louise Pendleton

3. (b) If veteran, name war _____ 3. (2) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Oct 5-1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 4 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Sebert Pendleton

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

14. Maiden name Blanche Parham

15. Birthplace Beever OKLA OKLA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Sebert Pendleton

(b) Address Hea mo

17. (a) B (b) Date thereof 7-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah mo

18. (a) Signature of funeral director E. C. Brett

(b) Address Savannah mo
19. (a) 7-10-43 (b) J. H. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct
5, 1941, to 7-9, 1943;

that I last saw him alive on 7-7, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death SPINA BILID
Duration 12 1/2 mo
10 yrs

Due to _____

Due to _____

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

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 0

23. Signature Dr. E. M. Reynolds (M. D. or other) mo

Address Union St mo Date signed 7-9-43

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

002

12/18

1072

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 E. E. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.