

FILED MAR 14 1944

Registration District No. 32

Primary Registration District No. 4203

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Gall, Mo

(b) City or town Grundy Co
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community many years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 70

(c) City or town Gall 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY PEDRICK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1944 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1st
1943 to Jan 31st 1944
that I last saw her alive on Jan 30th 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Paul Pedrick 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb 23 - 1901
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis 1 year
Duration

8. AGE: Years 42 Months 11 Days 8
If less than one day hr. _____ min. _____

Due to Do not know

Due to _____

9. Birthplace Cantrell Iowa _____
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Housekeeper

11. Industry or business Farming

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Lemuel Baird

13. Birthplace U.S.A. _____
(City, town, or county) (State or foreign country)

14. Maiden name Ada Cox

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

16. (a) Informant Ms. Ada Baird

(b) Address N. Fairview, Liberty Mo

17. (a) Burial (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem. Rt 2 Gall Mo

(a) Signature of funeral director Robertson

(b) Address Gall Mo

9. (a) 2-3-44 (b) L. D. Roberts
(Date received local registrar) (Registrar's signature)

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 Mo. P.

23. Signature Cliff Duffey (M. D. or other) _____
Address Winton Mo Date signed Feb 1944

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

40
00

1330

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 *A. Payne Jr*

Licensed Embalmer No. 3400

P. O. Address Galt 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.