S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8132

State File No.

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 1947

1. PLACE OF DEATH:

(a) County Riply

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

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

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

2. USUAL RESIDENCE OF DECEASED: 91

(a) State — (b) County — 1

(c) City or town — 0
(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 0

3. (a) PRINT FULL NAME Charles J.R. Pendergrass

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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 Dec (Month) 8 (Day) 1930 (Year)

8. AGE: Years 13 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Owasso Okla. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Charlie Pendergrass
13. Birthplace Horners ville (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Lillie Dun
15. Birthplace Steel Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Parents

(b) Address Doniphan, Mo

17. (a) Macey Ark (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Removal Macey Ark

18. (a) Signature of funeral director H. H. Howard

(b) Address Leadville Ark

19. (a) 2-14-44 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from February 10, 1944, to February 11, 1944; that I last saw him alive on February 11, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post flu Meningitis	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33a	
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 0

23. Signature J. E. Williams (M. D. ~~or other~~)

Address Doniphan, Mo Date signed 2-11-44

1.74

(Licensed Embalmer's Statement on Reverse Side)

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 W. W. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.