

S. No. 2  
M-5-42  
7-5-17-39  
PI X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 20 1944  
Registration District No. 378

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12475

State File No. ....

Primary Registration District No. 4552

Registrar's No. 73

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

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town Mtn Grove  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Lifetime  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright  
(c) City or town Mtn. Grove  
(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: No

3. (a) PRINT FULL NAME Bernie Pendergraft  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4  
year 1944 hour 4:30 minute AM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife: None 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased: Sept. 3, 1926  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Examined him 3/4 1944  
that I last saw him alive on 3/4 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 17 Months 4 Days 1 If less than one day  
hr. min.  
9. Birthplace: Mtn Grove, Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Laborer

Immediate cause of death: accidental injury anti accident.  
Due to: Ran off roadway  
Other conditions: None  
(Include pregnancy within 3 months of death)

MOTIER FATHER {  
12. Name W.M. Pendergraft  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name ROSIE CROWLEY  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

Major findings: None  
Of operations: None  
Of autopsy: None  
PHYSICIAN: None  
Underline the cause to which death should be charged statistically.

16. (a) Informant W.M. Pendergraft  
(b) Address Mtn. Grove, Mo.  
17. (a) Burial (b) Date thereof: 3/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Loge Star Cemetery  
18. (a) Signature of funeral director: Wm. J. Crow  
(b) Address Mtn. Grove, Mo.  
19. (a) 3/6/44 (b) H.M. Rowen  
(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) acc. 114  
(b) Date of occurrence Mar. 4-1944  
(c) Where did injury occur? Wright Co. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Hwy  
(Specify type of place) (e) Means of injury: from road  
While at work?  
23. Signature: R.A. Ryan (M. D. or other)  
Address Mtn Grove Date signed 3/6-44

RECEIVED

District Health Officer No. 6,

District File Number 344-392

Date Filed MAR 1 / 1944

MAR 2 9 1944

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address W. H. Moore, Md

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.