

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34669

State File No. _____

Registration District No. 183

Primary Registration District No. 5685

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Chula - Rural - Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN 58

(c) City or town Chula - Rural - 0
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Township 0
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minnie Catherine Pendergast

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1944 to Oct 19 1944
that I last saw her alive on Oct 15 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Pendergast

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 9 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Sclerosis

Due to General arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 870

8. AGE: Years Months Days If less than one day

67 6 10 hr. _____ min.

9. Birthplace Grundy County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John H. Burtch

13. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

14. Maiden name Ann E. Greer

15. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Pendergast 1

(b) Address Chula Mo

17. (a) Burial (b) Date thereof October 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herskville Cemetery

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? _____

18. (a) Signature of funeral director J. J. Robertson

(b) Address Farede, Mo.

19. (a) Oct 22 1944 (b) Mrs C. C. Woolf
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 10/24/44

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

8000

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 John M. Robertson
Licensed Embalmer No. 4388
P. O. Address Laredo, 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.

File