

FILED DEC 27 1944

Registration District No. _____

Primary Registration District No. J200

Registrar's No. 918

1. PLACE OF DEATH:

(g) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 457 E. Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 457 Cherry
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Hoover Pendleton

3. (b) If veteran, name war unk. 3. (c) Social Security No. unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lottie Pendleton 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Dec 15 1885
(Month) (Day) (Year)

8. AGE: Years 89 Months 00 Days 00 If less than one day _____ hr. _____ min.

9. Birthplace Marxys Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business _____

12. Name Hoover Pendleton

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

14. Maiden name unk.

15. Birthplace unk. Utah
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Pendleton

(b) Address 924 E-High, Springfield

17. (a) Burial (b) Date thereof 12-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pendleton Cemetery

18. (a) Signature of funeral director W. L. Tunns

(b) Address Springfield Mo

19. (a) 12-18-44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 11 1944 to Dec 15 1944
that I last saw him alive on Dec 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 mos

Due to arterio sclerosis unknown

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____

Of autopsy _____

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) acc

(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 ✓

23. Signature W. T. Walsh (M. D. or other) _____
Address Springfield Mo Date signed 12/15/44

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

19
2
12

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

C. L. McBalder

Licensed Embalmer No.

2891

P. O. Address.....

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.