

**FILED MAR 15 1945**

Registration District No. 205

Primary Registration District No. 4452

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town Wentzville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) \_\_\_\_\_  
 (d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County St. Charles  
 (c) City or town Wentzville  
 (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 MARtha ELLEN Pendleton

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Feb. day 8th. year 1945 hour 4 minute 8 A.M.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Divorced

21. I hereby certify that I attended the deceased from Jan. 26, 1945 to February 8, 1945 that I last saw her alive on February 8th, 1945 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

Immediate cause of death Infirmity of age

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>24</u>	hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 162 lb

10. Usual occupation Home duties

PHYSICIAN

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Henry Pendleton

13. Birthplace \_\_\_\_\_ (State or foreign country)

14. Maiden name Elizabeth Thorman

15. Birthplace \_\_\_\_\_ (State or foreign country)

16. (a) Informant Elizabeth McCoy

(b) Address Wentzville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Wentzville, Mo.

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) Means of injury \_\_\_\_\_

23. Signature W.C. Schroeder Address Wentzville, Mo. Date signed 2/9/45

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

72000

681

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-13-45

**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 [Signature]  
Licensed Embalmer No. 2711  
P. O. Address Wentzville, 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.**