

**FILED DEC 8 1945**

Registration District No. 266

Primary Registration District No. 5090

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

**1. PLACE OF DEATH:**

(a) County Ozark  
 (b) City or town Trail Rural Richland Mo.  
(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 \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Ronald Lee Pendergrass

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 11, 1942  
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min. 0

9. Birthplace Trail, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

**MOTHER FATHER** 12. Name Edw. Pendergrass

13. Birthplace Barry, County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nola Freeman

15. Birthplace Douglas County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edw Pendergrass

(b) Address Trail, Mo.

17. (a) Burial (b) Date thereof 10-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eaton

18. (a) Signature of funeral director Friends

(b) Address Trail, Missouri

19. (a) 12-6-1945 (b) Charles Hale  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ozark **77**  
 (c) City or town Trail Rural **0**  
(If outside city or town limits, write "RURAL") **0**  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) **0**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 22  
 year 1945 hour 1 minute 15: A.M.

21. I hereby certify that I attended the deceased from Oct 20, 1945, to Oct 20, 1945;  
 that I last saw him alive on Oct 20, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria  
Chronic Laryngeal **5 days**  
 Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 10  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature E. B. Bohrer (M. D. or other) M.D.  
 Address West Plains, Mo. Date signed 11-23-45

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

**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. B. Hutchinson  
Licensed Embalmer No. 3431  
P. O. Address One 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.**