

No. 2
2-43
5-17-39
I X3597

FILED JAN 25 1946

Registration District No. 27 Primary Registration District No. 5569 Registrar's No. 217

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Rt. 5 Independence
(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 DEBORAH ELIZABETH PENDLETON

(b) If veteran, name war ✓

(c) Social Security No. none

4. Sex F 5. Color or race W.

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

(b) Name of husband or wife Deceased

(c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 12 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 11, Tuesday
year 1945 hour 6:00 minute PM

21. I hereby certify that I attended the deceased from 5 Dec, 1945, to 11 Dec, 1945;
that I last saw her alive on Dec. 11, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 7

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>4</u>	<u>30</u>	hr. _____ min. _____

9. Birthplace We. Kalb County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business "

MOTHER FATHER

12. Name Oris A. Sney Cornick

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

14. Maiden name Elizabeth Furnish

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

16. (a) Informant H. A. Penick

(b) Address 3906 S. Benton

17. (a) Burial (b) Date thereof Dec. 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Brookings

18. (a) Signature of funeral director W. Mitchell

(b) Address 3109 N. Main, Jackson, Mo.

19. (a) 12-13-45 (b) W. Mitchell
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Bronchitis-pneumonia
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations none
Of autopsy none

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 Robert F. Luppens (M. D. or other) _____

Address 3906 S. Benton Date signed Dec. 11 1945

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

100460

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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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed: Henry H Mitchell

Licensed Embalmer No. 3925

P. O. Address: Indep. 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.