DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24164

State File No.

Registration District No. 176

Primary Registration District No. 5-65-8 3037

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Dr. Kenneth Glover Office
(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 Long and Troop

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

(c) City or town Statts City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? Long and Troop (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gary Earl Pendergrass

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 25 (Day) 1940 (Year)

8. AGE: Years 6 Months 2 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Earl F Pendergrass
13. Birthplace Stone Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Faye M. Fletcher
15. Birthplace Barry Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Earl F Pendergrass

(b) Address Statts City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon Mo.

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon, Mo

19. (a) 7-24-46 (Date received local registrar) (b) W. S. Bisney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1946 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from June 18, 1946 to June 18, 1946 that I last saw him alive on 6-18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to following H.A. (Phys.)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Kenneth Glover M.D. (M. D. or other)

Address Mt Vernon, Mo Date signed 7/6/46

158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 746-808
Date Filed JUL 30 1946
JUL 30 1946

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 Max L. Fossett

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 176 Primary Registration District No. 3037 Registrar's No. 3 x 8

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gary E. Pendergrass

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar 25 (Month) (Day) (Year)

8. AGE: Years 6 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 18 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

MT. VERNON MO
8-5-46

HAVE NO RECORD OF
THIS DEATH.
BELEIVE I MISTAKENLY SENT TO
DR. W.S. BURNEY AT
MILLER MO.

C R Philbrick
D

D-383.

20899