

FILED SEP 10 1946

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1129 West Daugherty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 yrs. _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1129 West Daugherty 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Frank Pence

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

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

6. (b) Name of husband or wife Rose E. Pence 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 24 hr. min.

9. Birthplace No Data Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Master Mechanic

11. Industry or business _____

12. Name James Frank Pence

13. Birthplace No Data Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mc. Clatchey

15. Birthplace No Data Neb.
(City, town, or county) (State or foreign country)

16. (a) Informant Rose E. Pence (wife)

(b) Address 1129 West Daugherty Webb City MO

17. (a) Burial (b) Date thereof 8/26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hedgie Lewis

(b) Address Webb City MO

19. (a) AUG 25 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1946 hour 2 minute AM

21. I hereby certify that I attended the deceased from 8-23 1946 to 8-24 1946
that I last saw him alive on 8/23/46 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 1 day

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
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 [Signature] (M. D. or other) DO
Address Webb City, Mo Date signed 8/24/46

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

MOTHER FATHER

131

46-8-696

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..... *Richard Gray Lewis*

Licensed Embalmer No. *4400*

P. O. Address. *Webb City, 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.