

No. 2
-8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5345

FILED MAR 3 1947
Registration District No.

Primary Registration District No. 5646

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town RFD Marionville
(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 Life time (Specify whether)
In this community Life time
years, months or days

3. (a) PRINT FULL NAME Henry S. Pendleton

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mandy K. 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased September 25 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 5 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Pendleton
13. Birthplace Ky.
14. Maiden name Claricia Colley
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Marritt Pendleton
(b) Address R 2 Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof Mt. Olive
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director J. B. Burridge
(b) Address Marionville, Mo.

19. (a) Feb. 4 - 47 (b) Ora Mc Math
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town RFD Marionville
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 22, 1947, to Jan. 30, 1947.
that I last saw him alive on Jan. 22, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration

Due to Arteriosclerotic kidney

Due to Hypertensive cardiac-renal disease

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Charles Spears (M. D. or other) MD
Address Bellings, Mo Date signed 1-31-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number

247-268

Date Filed

FEB 27 1947

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

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.