

FILED NOV 19 1947

Registration District No. **277**

Primary Registration District No. **3052**

Registrar's No. **374**

1. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
400 N. Montevau
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LOUISE PENDLETON**

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

4. Sex **F** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **11** (Month) **20** (Day) **1914** (Year)

8. AGE: Years **33** Months **20** Days _____ If less than one day hr. _____ min. _____

9. Birthplace: **Pettis Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Silas Dusley**

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

14. Maiden name **Ella Lewis**

15. Birthplace **Saline Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Silas Dusley**

(b) Address **Sedalia Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **11-12-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Tinnish Creek Saline Co Mo**

18. (a) Signature of funeral director **J. D. Ferguson**

(b) Address **117 E Jefferson Sedalia Mo**

19. (a) **11-12-47** (Date received local registrar) (b) **Betty Yeager** (Signature of registrar)

(c) **Deputy** (Signature of registrar's deputy)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis**
 (c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
 (d) Street No. **400 N. Montevau**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **9** year **1947** hour **Four** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov 8 - 1947** to **Nov 9 - 1947** that I last saw her alive on **Nov 9 - 1947** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**

Due to: **myocarditis**

Due to: _____

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

Major findings: **93 E**
 Of operations _____

Of autopsy _____

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 **A. R. Maddox** (M. D. or other) **MD**

Address **116 1/2 W. Main** Date signed **11-12-47**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 11-18-47

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.