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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44294

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5577

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1329 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. unknown 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clifford Pendleton
3. (b) If veteran, name war no
3. (c) Social Security No. Unknown
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. (Month) 25 (Day) 1902 (Year)

8. AGE: Years 45 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Trash Hauler
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jennie Bean
(b) Address 1329 Woodland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1947 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to Chronic Alcoholism
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93
Of autopsy No—Permit

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 0
23. Signature J. Williams (M. D. or other) D.C.
Address 2636 - Brooklyn Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City

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.