DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1948

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

25523

State File No.

Registrar's No. 883

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City ~~or town~~: St. Joseph

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 yrs. 2 mos. 6 days (Specify whether years, months or days)

In this community: 11 years 2 months 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City ~~or town~~: Kansas City

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

(d) Street No.: 622 Charlotte

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: DAVID AMBROSIA PENDER.

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: 12 - 16 - 1894. (Month) (Day) (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
53	8	0.	hr. min.

9. Birthplace: Unknown (City, town, or county) Oklahoma (State or ~~foreign country~~)

10. Usual occupation: Hide inspector

11. Industry or business: Meat packing Company

FATHER

12. Name: Haywood Pender

13. Birthplace: Unknown (City, town, or county) Tennessee (State or ~~foreign country~~)

MOTHER

14. Maiden name: Lena Johnson

15. Birthplace: Unknown (City, town, or county) Tennessee (State or ~~foreign country~~)

16. (a) Informant: Lena Johnson Pender

(b) Address: 808½ E. 10th, K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8 - 17 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Kirksville College of Osteopathy

18. (a) Signature of funeral director: Earl A. Clark

(b) Address: 120 Illinois Ave. St. Joseph Mo.

19. (a) Aug. 23, 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16 year 1948 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-1-, 1943 to 8-16-, 1948 that I last saw him alive on 8-16-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 years
Due to: Syphilis	15 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prostatitis	12 years

Major findings:

Of operations:

Of autopsy: No

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: J. H. Morrissey (M. D. or ~~other~~)

Address: State Hospital No. 2 St. Joseph, Mo. Date signed: 8-16-48

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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph Mo.

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

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