FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30760

FILED OCT 8 1948

Registration District No. 1480

Primary Registration District No. 6051

Registrar's No. 193

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: Emmaus Nursing Home 4. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

(c) City or town Troy 2 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ann Pendelton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife L. Pendelton

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

7. Birth date of deceased March (Month) 31 (Day) 1863 (Year)

8. AGE: Years 85 Months 3 Days 23 If less than one day hr. min.

9. Birthplace La Grange (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Ret. Housewife

11. Industry or business Own Home

FATHER
12. Name Joseph Storey 1
13. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name Abigal Grigsby 1
15. Birthplace Unknown (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Mrs A. J. Pitman

(b) Address Troy, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Missouri

19. (a) Sept 25/48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 1X4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24 year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1st 1948 to Sept 24th 1948 that I last saw her alive on Sept 23rd 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Broken compensation

Due to Myocardial insufficiency

Due to Gen Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature A P Erich Schulz (M. D. or other) Med

Address St Charles Mo. Date signed 9/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
OCT 8 1948
Date Filed

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, XXX

Registered Apprentice No.

working under my personal supervision.

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.