

Registration District No. 149

Primary Registration District No. 1002

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: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether
In this community: 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5641 OLIVE STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3: (a) PRINT FULL NAME MR. LEON ELMO PEDIGO

3. (b) If veteran, name war NO 3. (c) Social Security No. 486-05-4182

20. DATE OF DEATH: Month NOVEMBER, day 28TH
year 1948 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov. 22, 1948, to Nov. 28, 1948
that I last saw h.l.a. alive on Nov. 27, 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LENA PEDIGO
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased MARCH 16 1873
(Month) (Day) (Year)

Immediate cause of death
CORONARY OCCLUSION (Ray)

8. AGE:	Years	Months	Days	If less than one day
	75	8	12	hr. min.

Due to
DURABLE AORTA YRS.

9. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

Other conditions (M.S.)
(Include pregnancy within 3 months of death)

10. Usual occupation STEREOTYPER-RETIRED

Major findings: Of operations AS above p. 10
Of autopsy

11. Industry or business THE KANSAS CITY STAR

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name CHARLES H. PEDIGO

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name LAURA DAVIS

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LENA PEDIGO

(b) Address 5641 OLIVE STREET

17. (a) BURIAL (b) Date thereof DEC-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. WASHINGTON CEM.

18. (a) Signature of funeral director O.W. Newcomer's Home

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-1-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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?

P. C. Gistgard (Specify type of place) While at work? (e) Means of injury.
Signature: P. C. Gistgard (M.D. or other) Date signed: Nov 28 1948
Address: 6254 Broadway Ave

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

MOTHER FATHER

1-4-1
C. H. ...

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 Robert Ray
Licensed Embalmer No. 4182
P. O. Address 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.