

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12749

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1208

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>20 YEARS</u> | | 350 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROWN HARBOR APARTMENT HOTEL</u> | | d. STREET ADDRESS <u>BROWN HARBOR APARTMENT HOTEL</u> | |
| <u>801 EAST ARMOUR BLVD.</u> | | <u>801 EAST ARMOUR BLVD.</u> | |

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|-------------------------------------|--------------------------|----------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOSEPH</u> | b. (Middle) <u>FRANCIS</u> | c. (Last) <u>PENDER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-15-1951</u> |
|-------------------------------------|--------------------------|----------------------------|-------------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|---|---|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUG-14-1895</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REPRESENTATIVE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>PUMPS CORPORATION</u> | 11. BIRTHPLACE (State or foreign country) <u>ALPINE TEXAS</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| <u>SANTA FE, NEW MEXICO</u> | | | |

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| 13a. FATHER'S NAME <u>WILLIAM PENDER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY SCOTT</u> | 14. NAME OF HUSBAND OR WIFE <u>GERTRUDE PENDER</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>497</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GERTRUDE PENDER</u> | ADDRESS <u>801 EAST ARMOUR KANSAS CITY, MO.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fobar Immunico</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>490h</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Myocarditis Old Defard</u> | | | |

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|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|--|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45A m., from the causes and on the date stated above.

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|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) | 23b. ADDRESS <u>1331 Brush Creek</u> | 23c. DATE SIGNED <u>4-15-51</u> |
|---|--------------------------------------|---------------------------------|

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|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u> | 24b. DATE <u>APR-18-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
|--|------------------------------|--|---|

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|---|---|--|--|
| DATE REC'D BY LOCAL REG. <u>4-18-51</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer's Sons</u> | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

(working under my personal supervision.

Student
Student Embalmer

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.