

OCT 5 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32669
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 528
 (b) Township _____ Primary Registration District No. 3024 Registered No. _____
 (c) City Chillicothe (d) Street No. 306 Webster St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles William Pardonner 1035

(a) Residence, No. 306 Webster St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minervia Jane Pardonner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk-Grocery
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Linn County 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John E. Pardonner 1
 14. BIRTHPLACE (CITY OR TOWN) Unknown 0
 (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Susan F. Barrett
 16. BIRTHPLACE (CITY OR TOWN) Linn County
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Minervia Pardonner
Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Sept. 26, 1938

19. FUNERAL DIRECTOR (NAME) F. B. Norman
 (ADDRESS) Chillicothe, Missouri

20. FILED Sept 28, 1938 Donald M. Danner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1938

22. HEREBY CERTIFY, That I attended deceased from Aug 1 1938, to Sept 29 1938
 I last saw him alive on Sept 13 1938 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

Phonic Interstitial Nephritis
 Date of onset 1934

Other contributory causes of importance: 131

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in an was related to occupation of deceased? no
 If so, specify _____ (Signed) A. P. P. P. M. D.
Chillicothe Mo

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,

Elton F. Norman

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P.O. Address Chillicothe, 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, above space should be left blank.