DEC'D MAR 10 1939

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

7371
Do not use this space.

1. PLACE OF DEATH
(a) County Osage 1 Registration District No. 641
(b) Township Jackson Primary Registration District No. 4385 Registered No. 2
(c) City Meta Mo (d) Street No. ..... 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 534 Nancy Leona B. Pendleton
(a) Residence, No. Meta Mo 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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Geo W Pendleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1867

7. AGE: YEARS 71 | MONTHS 6 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Mo

FATHER
13. NAME Tom W Barnhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Jane Francis West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Rony H Pendleton Meta Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stokes Cemetery DATE Feb 25 1939

19. FUNERAL DIRECTOR (ADDRESS) H H Strop Meta Mo

20. FILED Feb 24 1939 Robert Prater Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1938, to 2-23, 1939
I last saw her alive on 2-22, 1939. Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
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Other contributory causes of importance:
Peptic ulcer

Name of operation None Date of —
What test confirmed diagnosis? x ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 any way related to occupation of deceased? No
If so, specify
(Signed) Leon A Taylor, M. D.
57 (Address)

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)