

REC'D SEP 20 1939 398
Registration District No. _____

Primary Registration District No. 3019

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If outside city or town limits, write "RURAL")
(d) Length of stay: In hospital or institution 2 1/2 weeks
(Specify whether in this community 2 1/2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 714 No. Sterling
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1939 hour 4:25 P. M.
21. I hereby certify that I attended the deceased from Aug 12, 1939, to Aug 30, 1939;
that I last saw him alive on Aug 30, 1939
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mollie Charney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 1 1862
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name George Pendleton
13. Birthplace no record Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Cole
15. Birthplace no record Tennessee
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Ms. Ellis Carson

(b) Address 714 No. Sterling

17. (a) Burial (b) Date thereof Sept 1 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage, MO.

18. (a) Signature of funeral director George H. Carson

(b) Address Independence, MO.

19. (a) 9-1-39 (b) F. L. Coak
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic nephritis
Chronic myocarditis
Due to prostate of sup
Due to _____
Other conditions Sensibility 18th
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 12, 1939
(c) Where did injury occur? Sugar Creek, MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? yes (e) Means of injury fall
23. Signature C. W. Williams
Address 1180 1/2 Duval Ave, A.C.S. Date signed 8/31/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.