

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39390  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 275  
 (c) City Jefferson (d) Street No. St. Marys Hosp 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henderson Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1863  
 7. AGE YEARS 76 MONTHS 9 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Franklin Co Missouri

FATHER 13. NAME Zachariah Pendleton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo.

MOTHER 15. MAIDEN NAME Macl Barnhart  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo.

17. INFORMANT (ADDRESS) Mrs. Bettie Emery Meta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meta Mo DATE 11/29/1939

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

20. FILED 11/27/1939 A. A. Beauford M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1939, to Nov. 27, 1939  
 I last saw h. e. alive on Nov. 27, 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to Carcinoma of sigmoid

Other contributory causes of importance: \_\_\_\_\_

Name of operation Laparotomy Date of 11/25/39  
 What test confirmed diagnosis? \_\_\_\_\_ 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 any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) A. A. Beauford M. D.  
 (Address) Jeff City Mo

WHILE IN PRINT, WITH UPDATING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED 13 1939

1 X12004

M

STATEMENT BY LICENSED EMBALMER

I, Embalmed the Body, Licensed Embalmer No. 2924

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

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

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

working under my personal supervision.

Signed H H Strop

Licensed Embalmer No. 2924

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.)