

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

4806

## 1. PLACE OF DEATH:

(a) County Jackson,  
 (b) City or town Kansas City,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Luke's Hospital, /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Unknown,  
 (Specify whether  
 In this community X  
 years, months or days)

8. (a) PRINT  
FULL NAMEBurdette H. Pedelty, 3438. (b) If veteran,  
name warSpanish-American3. (c) Social Security  
No. X4. Sex Male,5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married,6. (b) Name of husband or wife  
Sarah L. Pedelty,6. (c) Age of husband or wife if  
alive X years7. Birth date of deceased  
(Month) (Day) (Year)May 14, 1868,

8. AGE: Years

Months

Days

If less than one day

7174

hr. min.

9. Birthplace

Iowa,

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired,

11. Industry or business

XMOTHER FATHER  
12. NameJohn Pedelty,

13. Birthplace

Wisconsin,

(City, town, or county)

(State or foreign country)

14. Maiden name

Gillette,

15. Birthplace

Wisconsin,

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Donald R. Pedelty,(b) Address 435 S. Snoelling Ave., St. Paul, Minn.17. (a) Removal(b) Date thereof 12-19-39.

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation  
Boone, Iowa.18. (a) Signature of funeral director Stine & McClure,(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) Dec 19, 1939(b) M. M. Grone

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa, (b) County Polk,  
 (c) City or town Des Moines,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1721 22nd St.,  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th,  
 year 1939 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec 18 - 1939  
 \_\_\_\_\_, 19\_\_\_\_, to Dec 18, 1939;

that I last saw him alive on Dec 18, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion - acute

Duration

4 hrs.Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy acute Coronary occlusion

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_28. Signature Robert C. Davis (M. D. or other)Address 820 prof Bldg Date signed \_\_\_\_\_

Dr. R. C. Davis.

*Prepared*  
*826*

---

**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.**