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

2912
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence
(b) Township or City Vineyard 2
Registration District No. 472
Primary Registration District No. 5 Cit.
Registered No.
(c) City 0 (d) Street No. Rural Route 1, Stotts City, Mo. 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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
536

2. PRINT FULL NAME John Pendergrass
(a) Residence, No. Rural Route 1, Stotts City, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1852

7. AGE: Years 87 | Months 10 | Days 11 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Ret'd Farmer
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): Kokomo Ind.

FATHER
13. NAME: James Pendergrass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Anna Riddle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT: Claud Hood
(ADDRESS) Route 1, Stotts City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sycamore DATE 1-10 1940

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
(ADDRESS) Cartha, Mo.

20. FILED 1-9 1940 Chas H Powell
*Local Registrar.*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8- 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1940, to Jan. 8 1940
I last saw him alive on Jan. 5 1940. Death is said to have occurred on the date stated above, at 4:15 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation: None Date of
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) W. S. Bogenrer, M. D.
(Address) Stotts City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 1940-229
Date Filed JAN 12 1940

Miller, Mo.
Dr. O'Brien
Kansas City, 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2222

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**