

S. No. 2
-11-10-39
7. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20646**
2263
Registrar's No.

FILED JUL 15 1940
Registration District No.

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: General Hospital #2 **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Bowie
(c) City or town Texarkana
(If outside city or town limits, write "RURAL")
(d) Street No. 2004 Main Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Beatrice Ann Pendleton **534**

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>10</u>	<u>13</u>	hr. _____ min.

9. Birthplace Texarkana Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Everett Penleton

13. Birthplace Cairo Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Mae Towles

15. Birthplace Texarkana Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florine Towles

(b) Address 1708 Park

17. (a) Removal (b) Date thereof 6/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texarkana, Texas

18. (a) Signature of funeral director W. M. Browne
(b) Address 1729 Lydia

19. (a) June 2, 1940 (b) W. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 31 year 1940
hour _____ minute 45 P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ at _____ and that death occurred on the date and hour stated above.

Immediate cause of death My father Paulowley

Due to Coronary Heart Disease

Due to Ex. Resend Study

Other conditions (Include pregnancy within 3 months of death) 157c

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury 5

23. Signature Russell W. Jones (M. D. or other) _____
Address Acacia Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Isaac Jerome McNamee

Licensed Embalmer No. *3994*

P. O. Address *1120 E 23rd St*

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.