

No. 2
-11-10-39
-5-17-39
PI X2743

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25784

AUG 19 1940

State File No. _____

Registration District No. 577

Primary Registration District No. 5775

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Latham Rural
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Entire Life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Joseph Pardoe 630

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased May 4th 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 1 hr. min.

9. Birthplace Moniteau County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Thomas Pardoe

13. Birthplace Wales

14. Maiden name Nancy Durham (State or foreign country)

15. Birthplace Moniteau County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant George Pardoe

(b) Address Latham, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Latham Cemetery

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Latham, Mo.

19. (a) July 6 1940 (Date received local registrar) Nadine Latham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Latham Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 2, 1940 to July 5th, 1940
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Obstruction
Duration _____

Due to Chronic Glomerulonephritis, Cardiac 7 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1941

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? _____

5-00 While at work? (Specify type of place) (e) Means of injury _____

23. Signature George Pardoe Jr (M. D. or other) 1
Address California, Mo Date signed 7/5/40

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Janece E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton Mo

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.