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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2770

Registration District No. 4 5 5 3 4 5 2 6 Primary Registration District No. 583 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Four Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Mtn View Mo.
(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.

3. (a) PRINT FULL NAME Lewis E Pendleton
3. (b) If veteran name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Not Known
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 17 1869 (Month) (Day) (Year)
8. AGE: Years 71 Months 2 Days 1 If less than one day hr. min.
9. Birthplace Hull Ill (City, town, or county) (State or foreign country)
10. Usual occupation Not Known
11. Industry or business
FATHER 12. Name Samuel Pendleton
13. Birthplace Hull Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary E Martin
15. Birthplace Dodge Ill (City, town, or county) (State or foreign country)
16. (a) Informant Viola Pendleton
(b) Address Dodge City Kans
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Dodge City Kans
18. (a) Signature of funeral director J F Duncan
(b) Address Mtn View Mo.
19. (a) 2-1-41 (Date received local registrar) (b) L. W. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 18 day 18 year 1941 hour 9 minute a M.
21. I hereby certify that I attended the deceased from Jan 9 am and last saw deceased to 1-18- 19 41
that I last saw alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

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

23. Signature T Terrell (M. D. or other)
Address Mtn View Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mtn View Mo

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

If this body is not embalmed, fact should be so stated above.