

Registration District No. **2**

Primary Registration District No. **4161**

Registrar's No. _____

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

009

1. PLACE OF DEATH:

(a) County W. Kalb

(b) City or town Union Star, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME JENNIE PARDEE

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex F **5. Color or race** W **6. (a) Single, widowed, married, divorced** married

6. (b) Name of husband or wife John Pardee **6. (c) Age of husband or wife if alive** 72 years

7. Birth date of deceased July 7, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Andrew Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Minter

13. Birthplace _____ (City, town, or county) (State or foreign country) 0 Mo.

14. Maiden name Martha Wellman

15. Birthplace _____ (City, town, or county) (State or foreign country) 0

16. (a) Informant John Pardee

(b) Address Union Star

17. (a) _____ **(b) Date thereof** Feb. 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Lucile M. Wilson (Specify type of place) _____
(b) Address King City, Mo. (c) Means of injury _____

19. (a) 2-5-41 **(b)** E. M. Reynolds
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County W. Kalb 32

(c) City or town Union Star Mo 0
(If outside city or town limits write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Feb 5 1941
that I last saw him alive on Feb 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis **Duration** 6 months

Due to: Arterio Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death) HTA

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature E. M. Reynolds (M. D. or other) 0
Address Union Star Mo Date signed 2-5-41

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.....

Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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.