

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

14228  
 Do not use this space.

FILED MAY 10 1941

**1. PLACE OF DEATH**

(a) County... Cedar Registration District No. 163  
 (b) Township... Box Primary Registration District No. 4095  
 (c) City... El Dorado Springs (d) Street No. 1  
 (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** John Samuel Pence

(a) Residence, No. Roscoe Mo St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M O 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Pence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/21/1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 79 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Cooper County Missouri (STATE OR COUNTRY)

FATHER 13. NAME William Pence

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Harry Pence (ADDRESS) Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roscoe Mo DATE 2/28/41

19. FUNERAL DIRECTOR (NAME) F. B. Goodrich (ADDRESS) Roscoe Mo

20. FILED Apr 12 1941 J. Dawson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/41

22. HEREBY CERTIFY That I attended deceased from Dec 1st 1940 to February 25th 1941

I last saw him alive on Feb. 25 1941. Death is said to have occurred on the date stated above, at 12:20 A. M. The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:

hypertension

Name of operation none Date of... What test confirmed diagnosis? Paralysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury... 20, 19... Where did injury occur? none (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify... (Signed) J. W. Richardson, M. D. (Address) 1111 1/2 W. 2nd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16603

RECEIVED

District Health Officer No. 7,

District File Number 5-41-816

Date Filed 5-8-41

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**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 F. B. Bealish

Licensed Embalmer No. 3038

P. O. Address Rosemead 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.**