

No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11 2073
Registrar's No. 8

FILED FEB 4 1942
Registration District No. 2428

Primary Registration District No. 3015

7
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Cooper
(b) City or town Boonville - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 7.5 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville - Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 501 - 4th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM - GIBSON - PENDLETON
3. (b) If veteran. name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 17
year 1942 hour 1:30 minute 17 M.

4. Sex Male 5. Color or race W
6. (a) Name of husband or wife Dora Pendleton
6. (b) Name of husband or wife Divorced
6. (c) Age of husband or wife if alive 7.5 years
7. Birth date of deceased Jan 6 - 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 1st, 1941 to Jan 16 1942
that I last saw him alive on Jan 16 1942
and that death occurred on the date and hour stated above.

8. AGE: 88 Years Months Days
If less than one day hr. min.

Immediate cause of death Myocardial failure Duration 1 month
Due to arteriosclerotic heart disease 1 year
Due to Generalized arteriosclerosis 1 year

9. Birthplace Lancaster Ky.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation att'y. of Law

Major findings: Of operations 97
Of autopsy

11. Industry or business

MOTHER FATHER
12. Name George Taylor Pendleton
13. Birthplace Jefferson Co Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Therese Ann Magruder
15. Birthplace Covington Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Bartrude O. Pendleton
(b) Address Boonville Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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?

17. (a) Burial (b) Date thereof Jan 18 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

While at work? (Specify type of place) (g) Means of injury
23. Signature Geo. W. Blankenship (M. D. or other) MD
Address Boonville Mo Date signed 1/17/42

18. (a) Signature of funeral director Hays + Painter
(b) Address Pilot Grove Mo
19. (a) 1-17-42 (b) Dr. Chas. Swep
(Date received local registrar) (Registrar's signature)

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-3-42.....

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

Signed Rayton E. Hayes
Licensed Embalmer No. 3074
P. O. Address Pilot Grove, W.

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, fact should be so stated above.