

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10018

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Andrew County  
 (b) City or town Savannah, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 403 So 1st St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 X  
(Specify whether)  
 In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew  
 (c) City or town Savannah, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 403 South 1st Street  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME LEORA GIRTH, PENDLETON

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Joseph B. Pendleton 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased May 15 1974  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>21</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER { 12. Name John Chronister

13. Birthplace Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Sydia Shanny

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

16. (a) Informant Peiloh Christian

(b) Address Savannah, Mo.  
old Baptist Church (b) Date thereof Mar 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cem

18. (a) Signature of funeral director Fred Jensen

(b) Address Savannah, Mo

19. (a) 3-7-42 (b) J.H. Fitchman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
 year 1942 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 9 1942 to Mar 6 1942  
 (that I last saw h. or alive on Mar 6 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis  
 Due to Carcinoma of Breast 3 yrs.  
 Due to

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Of operations 50  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Forest C. Boyd M. D. or other \_\_\_\_\_  
 Address Savannah, Mo Date signed 3/7/42

**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.....  
....., Registered Apprentice No. 1279  
working under my personal supervision.

Signed

Fred Turham  
.....  
Licensed Embalmer No. 1279

P. O. Address

Savannah

**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.**