S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19052

FILED JUN 15 1942

Registration District No. 1840 Primary Registration District No. 200 Registrar's No. 1280

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 5/12/42 (Specify whether
In this community Since 5/12/42 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999 11 0
(a) State Illinois (b) County
(c) City or town White Hall
(If outside city or town limits, write "RURAL")
(d) Street No. 826 Ayres
(If rural, give location) 2
(e) Citizen of foreign country? – (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME John Edward Pence
3. (b) If veteran, name war WORLD
3. (c) Social Security No. 325-18-4472
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased December (Month) 17 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
50	5	13	– hr. – min.

9. Birthplace Marion County, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business –
FATHER 12. Name W. L. Pence
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rose Alberts
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Brks. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 10, 42 (Month) (Day) (Year)
(c) Place: burial or cremation ROODHOUSE, ILLINOIS
18. (a) Signature of funeral director [illegible]
(b) Address [illegible]
19. (a) JUN 10 1942 (Date received local registrar) (b) C. G. McHarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1942 hour 7:20 minute A. M.
21. I hereby certify that I attended the deceased from May 12, 1942 to June 10, 1942; that I last saw him alive on June 10, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, chronic, with uremia.	Unknown
Contributory cause: Cholelithiasis and perforating gastric ulcer.	Unknown
Due to –	
Other conditions – (Include pregnancy within 3 months of death)	

Major findings:
Of operations May 28, 1942. Cholecystotomy and Closure of perforating ulcer of the stomach.
Of autopsy No 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? (Specify type of place)
While at work (e) Means of injury
23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 6/10/42

707 (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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.